

<i>SERFF Tracking Number:</i>	<i>GBAC-126830730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	<i>47041</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>DOH Graded Death Benefit WL</i>		
<i>Project Name/Number:</i>	<i>DOH Graded Death Benefit WL/</i>		

Filing at a Glance

Company: Degree of Honor Protective Association

Product Name: DOH Graded Death Benefit WL SERFF Tr Num: GBAC-126830730 State: Arkansas

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 47041

Sub-TOI: L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Mary Gardner, Jodi Huber Disposition Date: 10/28/2010

Date Submitted: 10/13/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: DOH Graded Death Benefit WL

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/28/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/28/2010

Created By: Jodi Huber

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mary Gardner

Filing Description:

On behalf of Degree of Honor Protective Association, a fraternal benefit society incorporated under laws of the State of Minnesota, we are submitting the above-referenced individual life form and accompanying application for approval.

GDBWLF-10(AR) is a whole life plan with graded death benefit payable at death of the insured. This is a new form and does not replace any other.

Issue ages are 50 to 80. The form will not be illustrated.

SERFF Tracking Number: GBAC-126830730 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number: 47041

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Application APP HLIFE-10(AR) will be used with the policy. This is a new application and replaces APP SIMPLEF-06(AR) approved by your department September 5, 2006. This application will also be used with previously approved forms WL-05 (approved May 19, 2005) and SPWL-04 (approved January 21, 2005).

The Society plans to market the forms using the same agent sales approach used with the current forms.

Company and Contact

Filing Contact Information

Jodi Huber, jhuber@lifebase.com
 100 First Avenue NE, Suite 117 319-896-5960 [Phone]
 Cedar Rapids, IA 52401 319-896-5979 [FAX]

Filing Company Information

(This filing was made by a third party - griffithballardandco)

Degree of Honor Protective Association	CoCode: 57088	State of Domicile: Minnesota
400 Robert Street N	Group Code:	Company Type: Fraternal
Suite 1600	Group Name:	State ID Number:
St. Paul, MN 55101-2029	FEIN Number: 41-0216310	
(651) 228-7600 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$250.00
Retaliatory?	Yes
Fee Explanation:	MN retaliatory fees 2 forms x \$125/form = \$250.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Degree of Honor Protective Association	\$250.00	10/13/2010	40682618

SERFF Tracking Number: GBAC-126830730 State: Arkansas

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Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/28/2010	10/28/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/26/2010	10/26/2010	Mary Gardner	10/28/2010	10/28/2010
Pending Industry Response	Linda Bird	10/18/2010	10/18/2010	Mary Gardner	10/26/2010	10/26/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application for Membership and HonorLife Insurance	Mary Gardner	10/14/2010	10/14/2010

<i>SERFF Tracking Number:</i>	<i>GBAC-126830730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	<i>47041</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>DOH Graded Death Benefit WL</i>		
<i>Project Name/Number:</i>	<i>DOH Graded Death Benefit WL/</i>		

Disposition

Disposition Date: 10/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GBAC-126830730 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number: 47041

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Third Party Authorization Letter		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Certification of Compliance-Rule and Regulation 19		Yes
Form (revised)	Whole Life Insurance-Graded Death Benefit		Yes
Form	Whole Life Insurance-Graded Death Benefit	Replaced	Yes
Form	Whole Life Insurance-Graded Death Benefit	Replaced	Yes
Form (revised)	Application for Membership and HonorLife Insurance		Yes
Form	Application for Membership and HonorLife Insurance	Replaced	Yes

SERFF Tracking Number: GBAC-126830730 *State:* Arkansas
Filing Company: Degree of Honor Protective Association *State Tracking Number:* 47041
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: DOH Graded Death Benefit WL
Project Name/Number: DOH Graded Death Benefit WL/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/26/2010
Submitted Date 10/26/2010
Respond By Date 11/26/2010

Dear Jodi Huber,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: The revised submission to comply with 10/18/10 objection has been reviewed. The submission remains in violation of Arkansas Bulletin 8-85 Guideline One in reference to return of premium. In order to comply with Bulletin 8-85 the death benefit will need to be a set dollar amount or % of the face amount for first year and second year. The death benefit can not be a return of premium.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: GBAC-126830730 State: Arkansas
Filing Company: Degree of Honor Protective Association State Tracking Number: 47041
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: DOH Graded Death Benefit WL
Project Name/Number: DOH Graded Death Benefit WL/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/28/2010
Submitted Date 10/28/2010

Dear Linda Bird,

Comments:

Response 1

Comments: Ms. Bird:

Section I, Schedule of Benefits and Premiums has been revised by changing the last paragraph to comply with Bulletin 8-85. We have also updated the bracketed premiums and Section 2, Table and Basis of Values per the actuarial description.

The Statement of Variability has been updated to include the bracket at the end of page 3 as the death benefit first two policy years.

The issue ages are 50 to 75.

Mary Gardner

Related Objection 1

Comment:

The revised submission to comply with 10/18/10 objection has been reviewed. The submission remains in violation of Arkansas Bulletin 8-85 Guideline One in reference to return of premium. In order to comply with Bulletin 8-85 the death benefit will need to be a set dollar amount or % of the face amount for first year and second year. The death benefit can not be a return of premium.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Life & Annuity - Actuarial Memo

Comment:

Satisfied -Name: Statement of Variability

SERFF Tracking Number: GBAC-126830730 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number: 47041

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Insurance- Graded Death Benefit	GDBWLF-10(AR)		Policy/Contract/Fraternal Certificate	Initial		58.400	GDBWLF-10_AR_.pdf
Previous Version							
Whole Life Insurance- Graded Death Benefit	GDBWLF-10(AR)		Policy/Contract/Fraternal Certificate	Initial		58.400	GDBWLF-10_AR_.pdf
Whole Life Insurance- Graded Death Benefit	GDBWLF-10(AR)		Policy/Contract/Fraternal Certificate	Initial		58.400	GDBWLF-10_AR_.pdf

No Rate/Rule Schedule items changed.

Sincerely,
Jodi Huber, Mary Gardner

SERFF Tracking Number: GBAC-126830730 *State:* Arkansas
Filing Company: Degree of Honor Protective Association *State Tracking Number:* 47041
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: DOH Graded Death Benefit WL
Project Name/Number: DOH Graded Death Benefit WL/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/18/2010
Submitted Date 10/18/2010
Respond By Date 11/18/2010

Dear Jodi Huber,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contract is in violation of both Guideline One and Two of this bulletin.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: GBAC-126830730 State: Arkansas
Filing Company: Degree of Honor Protective Association State Tracking Number: 47041
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: DOH Graded Death Benefit WL
Project Name/Number: DOH Graded Death Benefit WL/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/26/2010
Submitted Date 10/26/2010

Dear Linda Bird,

Comments:

Response 1

Comments: Ms. Bird:

To comply with you objections of 10/18, we have made the following changes to this filing:

1. Revised SECTION I, SCHEDULE OF BENEFITS AND PREMIUMS (bottom of page 3) and
2. Revised the Actuarial Memorandum to comply with Bulletin 8-85; and
3. Attached the Certification of Compliance - Rule and Regulation 19 (inadvertently omitted from the original filing).

Mary Gardner
Compliance Coordinator

Related Objection 1

Comment:

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contract is in violation of both Guideline One and Two of this bulletin.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Life & Annuity - Acturial Memo

Comment:

Satisfied -Name: Certification of Compliance-Rule and Regulation 19

Comment: The attached Certification was inadvertendly omitted from the original filing.

SERFF Tracking Number: GBAC-126830730 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number: 47041

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

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Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Insurance- Graded Death Benefit	GDBWLF-10(AR)		Policy/Contract/Fraternal Certificate	Initial		58.400	GDBWLF-10_AR_.pdf
Previous Version							
Whole Life Insurance- Graded Death Benefit	GDBWLF-10(AR)		Policy/Contract/Fraternal Certificate	Initial		58.400	GDBWLF-10_AR_.pdf

No Rate/Rule Schedule items changed.

Sincerely,
Jodi Huber, Mary Gardner

SERFF Tracking Number: GBAC-126830730 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number: 47041

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Amendment Letter

Submitted Date: 10/14/2010

Comments:

We have inserted a revised 'John Doe' application with various typographical and numbering changes, including adding page numbers, from the previous version of the application filed.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
APP HLIFE- 10(AR)	Application/EApplication nrollment Form	for Membership and HonorLife Insurance	Initial				45.300	John Doe AR.pdf

SERFF Tracking Number: GBAC-126830730 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number: 47041

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Form Schedule

Lead Form Number: GDBWLF-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GDBWLF-10(AR)	Policy/Cont	Whole Life ract/Fratern Insurance-Graded al Death Benefit Certificate	Initial		58.400	GDBWLF-10_AR_.pdf
	APP HLIFE-10(AR)	Application/ Enrollment Form	Application for Membership and HonorLife Insurance	Initial		45.300	John Doe AR.pdf



Degree of Honor Protective Association

“A Fraternal Benefit Society”

[400 Robert Street North, Suite 1600

Saint Paul, Minnesota 55101]

[651.228.7600 or 800.947.5812]

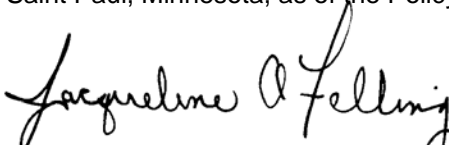
[www.degreeofhonor.org]

DEGREE OF HONOR PROTECTIVE ASSOCIATION shall pay the death benefit proceeds of this Policy to the Beneficiary, subject to the provisions herein, upon receipt of proof of the Insured's death prior to the termination of this Policy. The death benefit proceeds are defined in Section 6. We also shall provide the other rights and benefits of this Policy.

The provisions on the following pages are also a part of this Policy.

THIS IS A LEGAL CONTRACT BETWEEN YOU, THE OWNER, AND DEGREE OF HONOR PROTECTIVE ASSOCIATION. READ YOUR POLICY CAREFULLY. If there is a question, or if there is a claim, contact Your agent or Our Home Office.

Executed by Degree of Honor Protective Association at Saint Paul, Minnesota, as of the Policy Date.

[

CHIEF EXECUTIVE OFFICER



SECRETARY]

RIGHT TO CANCEL. You may cancel this Policy by delivering or mailing a Written Request to Your agent or Our Home Office at Degree of Honor Protective Association, [400 Robert Street North, Suite 1600, Saint Paul, Minnesota 55101], and returning the Policy to Us or Your agent before midnight of the 30th day after the date You received the Policy. Notice given by mail and return of the Policy by mail are effective upon being postmarked, properly addressed and postage prepaid. We shall return all premiums paid, including any fees or charges, for this Policy within ten days after We receive notice of cancellation and the returned Policy. If this occurs the Policy will be considered void from the beginning.

This policy contains a graded death benefit. See Section 1, Policy Specifications. In order to receive the full benefits of this policy you must live two years beyond the Policy Date.

WHOLE LIFE INSURANCE

Graded Death Benefit Payable at Death of the Insured

Premiums Payable as Scheduled in Section 1

Participating

GDBWLF-10(AR)

TABLE OF CONTENTS

Your Policy contains the following sections:

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SECTION 13	ENDORSEMENTS

SECTION 1
POLICY SPECIFICATIONS

INSURED: [JOHN DOE]

AGE: [60]	SEX: [MALE]	TOTAL PREMIUM AT ISSUE:
		ANNUAL: [\$875.60]
		SEMIANNUAL: [\$437.80]
OWNER: [JOHN DOE]		QUARTERLY: [\$218.90]
		MONTHLY: [\$72.97]

POLICY NUMBER: [123456]

POLICY DATE: [01-01-2011]

REFUND OPTION: [PURCHASE PAID-UP ADDITIONS]

EFFECTIVE ANNUAL INTEREST RATE FOR LOANS: 8%

EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENTS: 6%

BENEFICIARY: AS STATED IN THE ATTACHED APPLICATION FOR THIS POLICY UNTIL CHANGED AS STATED IN THE LATEST OF ANY ATTACHED DESIGNATION OF BENEFICIARY FORMS. THE BENEFICIARY MAY BE CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	AMOUNT	ANNUAL PREMIUM	PREMIUM PAYABLE
WHOLE LIFE, GRADED DEATH BENEFIT	[\$10,000] Ultimate Benefit Amount	[\$875.60]	FOR LIFE

This is a graded death benefit policy. If death occurs during the first two policy years, the death benefit in either year is [\$3,502.40]. Thereafter, the death benefit is the Ultimate Benefit Amount.

SECTION 2

TABLE AND BASIS OF VALUES

TABLE OF GUARANTEED VALUES

POLICY [123456]

THE GUARANTEED VALUES FOR THIS POLICY ARE SHOWN IN THE TABLE BELOW. VALUES ARE FOR A POLICY WITHOUT ANY INDEBTEDNESS OR ADDITIONS FROM REFUNDS. VALUES ASSUME PREMIUMS ARE PAID TO THE END OF THE POLICY YEAR INDICATED.

VALUES AT ANY OTHER POLICY ANNIVERSARY WILL BE FURNISHED UPON REQUEST.

VALUES AT ANY TIME DURING A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE PART OF THE YEAR WHICH HAS ELAPSED. VALUES WITHIN 30 DAYS AFTER A POLICY ANNIVERSARY SHALL NOT BE LESS THAN THE VALUE ON SUCH POLICY ANNIVERSARY.

END OF POLICY YEAR	CASH VALUE	PAID UP INSURANCE
1	\$0.00	\$0
2	146.00	340
3	393.20	890
4	642.10	1,400
5	892.70	1,890
6	1,145.70	2,350
7	1,401.90	2,790
8	1,661.80	3,210
9	1,925.90	3,620
10	2,194.10	4,000
11	2,465.40	4,370
12	2,737.60	4,720
13	3,008.80	5,060
14	3,279.70	5,370
15	3,550.60	5,670
16	3,821.20	5,950
17	4,090.70	6,220
18	4,356.90	6,470
19	4,618.00	6,710
20	4,872.60	6,930
Age		
65	892.70	1,890
85	6,031.80	7,830
121	10,000.00	10,000

BASIS OF GUARANTEED VALUES

ALL COMPUTATIONS INVOLVING GUARANTEED VALUES ARE BASED ON THE COMMISSIONERS 2001 STANDARD ORDINARY ULTIMATE MORTALITY TABLE, SEX DISTINCT AND AGE LAST BIRTHDAY. THE INTEREST RATE IS 5% PER YEAR. DEATH BENEFITS ARE ASSUMED TO BE PAID AT THE END OF THE POLICY YEAR. PREMIUMS ARE ASSUMED TO BE PAID ANNUALLY AT THE BEGINNING OF THE YEAR.

SECTION 3

SETTLEMENT OPTION INCOME TABLES

OPTION 1. INSTALLMENTS FOR A FIXED PERIOD. We shall pay a monthly, quarterly, semiannual or annual income for a fixed number of installments. The amount of each installment is based on a rate of interest of 2% per annum. If the Payee dies before all installments have been paid, the remaining installments shall be paid to the Beneficiary of this Settlement Option. The amount of annual or monthly income per \$1,000 of proceeds is:

<u>Years Payable</u>	----- INSTALLMENTS -----	
	<u>Annual</u>	<u>Monthly</u>
5	\$208.00	\$17.49
6	175.03	14.72
7	151.48	12.74
8	133.83	11.25
9	120.11	10.10
10	109.14	9.18
15	76.30	6.42
20	59.96	5.04

Amounts for other durations or frequencies shall be furnished upon request.

OPTION 2. LIFE ANNUITY WITH PERIOD CERTAIN. We shall pay a monthly income to one specified Payee for a specified period of 10 or 20 years. We shall continue the monthly payments after the expiration of the specified period as long as that Payee is alive. If that Payee dies before the expiration of the specified period, monthly payments for the remainder of the specified period shall be paid to the Beneficiary of this Settlement Option. The amount of monthly income per \$1,000 of proceeds is:

<u>Age</u>	----- LIFE ANNUITY WITH PERIOD CERTAIN -----			
	10 Years		20 Years	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
45	\$3.19	\$3.00	\$3.15	\$2.98
50	3.49	3.26	3.40	3.21
55	3.86	3.58	3.70	3.49
60	4.34	4.00	4.04	3.83
65	4.95	4.54	4.38	4.20
70	5.70	5.25	4.68	4.56

Amounts are based on the Annuity 2000 Mortality Table and an interest rate of 2% per annum. Amounts for other Ages shall be furnished upon request.

OPTION 3. INSTALLMENTS FOR A FIXED AMOUNT. We shall make equal payments every one, three, six or twelve months as chosen. The payments shall continue until the proceeds applied together with interest at the rate of at least 2% a year on the unpaid balance are fully paid. The final payment shall be any balance equal to or less than one payment. If the Payee dies before all installments have been paid, the remaining balance, including accrued interest, shall be paid to the Beneficiary of this Settlement Option.

OPTION 4. PROCEEDS AT INTEREST. We shall pay interest monthly, quarterly, semi-annually or annually on the proceeds retained at the rate of at least 2% per annum. At the death of the Payee We shall pay the principal and any accrued interest to the Beneficiary designated in the Settlement Option.

SECTION 4

DEFINITIONS

When We use the following words this is what We mean:

AGE means the Age of the Insured on his or her last birthday.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

The **CONTRACT** is this Policy, together with the application and with riders and endorsements, if any.

An **ENDORSEMENT** is an attachment to the Policy that modifies the Policy.

IN FORCE means the Insured's life remains insured under the terms of this Policy. This Policy is in effect.

The **INSURED** is the person named as the Insured in Section 1. The Insured shall be a member of Degree of Honor and shall have all rights of membership.

The **OWNER** is as shown in Section 1, unless later changed as provided in this Policy. The Owner may be someone other than the Insured. Unless the Insured and the Owner are the same person, the Owner shall have no rights of membership.

The **PAYEE** is any person who has the right to receive the proceeds according to the provisions of Section 11.

The **POLICY** is this basic document plus any amendments or endorsements, not including the application or any riders.

The **POLICY DATE** is the date this Policy goes into effect. It is shown in Section 1.

POLICY YEARS, ANNIVERSARIES and **MONTHS** are measured from the Policy Date shown in Section 1. Policy Anniversary means the same month and day as the Policy Date for each year the Policy remains In Force. The first Policy Year begins on the Policy Date and ends at 11:59 p.m. on the day prior to the first Policy Anniversary. Subsequent Policy Years begin on a Policy Anniversary and end at 11:59 p.m. on the day prior to the next Policy Anniversary.

A **RIDER** is an attachment to the Policy. It provides additional benefits.

The **SETTLEMENT OPTION AGREEMENT** is an agreement that states the terms and conditions under which Settlement Option payments shall be made in accordance with the Settlement Option selected.

TERMINATE means the Insured's life is no longer Insured under any of the terms of this Policy. This Policy is no longer in effect.

WE, OUR or **US** means Degree of Honor Protective Association, a fraternal benefit society.

WRITTEN REQUEST means information received at Our Home Office. Such information must be written, signed by You, and acceptable to Us. We may require that Your Policy be sent with Your Written Request.

YOU or **YOUR** means the Owner of this Policy.

SECTION 5
GENERAL PROVISIONS

5.1 THE CONTRACT

This Contract is issued in consideration of:

- a. Your application;
- b. the payment of premiums;
- c. the Policy provisions; and
- d. the Rider and Endorsement provisions, if any.

The entire Contract consists of:

1. this Policy;
2. any additional benefits provided by Rider;
3. any Endorsements;
4. the attached application;
5. any required medical examination or declaration of insurability; and
6. Our Articles of Incorporation and Bylaws, as amended from time to time.

No change in Our Articles of Incorporation and Bylaws made after the Policy Date shall reduce or change the benefits promised in this Policy. You may continue this Policy In Force even if membership in the Degree of Honor Protective Association is Terminated.

All statements made in the application are representations and not warranties. We cannot Use any statement to invalidate the Policy nor to defend against a claim unless that statement is contained in the written application.

No agent or person other than an officer of the company has the authority to change or modify this Policy or waive any of its provisions.

5.2 OWNER

The Owner is the person named in Section 1. While the Insured is alive, the rights and privileges contained in this Policy may be exercised only by You, the Owner. This includes the right to change the Ownership. You can exercise those rights by making Written Request to Us.

5.3 CHANGE OF OWNER

You may transfer Ownership at any time during the Insured's lifetime. To make a transfer, We must receive a Written Request at Our Home Office. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change shall be effective on the date the transfer was signed or on the date it was received at the Home Office if no date appears on the transfer. A transfer of Ownership shall be subject to any payment made or action taken by Us before the transfer is received. We have the right to require that You send Us this Policy so We can record the change.

5.4 BENEFICIARY

The Beneficiary:

- a. shall receive the proceeds when the Insured dies;
- b. is named in the application for this Policy; and
- c. may be changed by the Owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

1. The interest of any Beneficiary who dies before the Insured shall pass to any other beneficiaries according to their interests.
2. If no named Beneficiary survives the Insured, the proceeds shall be paid to the Owner, if living, otherwise to the Owner's estate.
3. All proceeds not otherwise payable above within three years of the Insured's death shall be paid to the Degree of Honor Foundation.

5.5 CHANGE OF BENEFICIARY

The Owner may change the Beneficiary designation:

- a. while the Insured is alive; and
- b. if the prior designation does not prohibit such a change. Consent of an irrevocable Beneficiary must be received before a change can be made.

A change shall revoke any prior designation. You must send Us a Written Request. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change is effective as of the date You signed it; or, if no date appears on the designation, on the date We received it. We have the right to require that You send Us this Policy so We can record the change.

5.6 ASSIGNMENT

An assignment of this Policy shall not be binding on Us unless:

- a. it is in writing; and
- b. it is received by Us at Our Home Office; and
- c. it is approved and recorded by Us.

We shall not be responsible for the validity or effect of any assignment. We shall not be liable for any payments made or actions taken before receipt of Written Request of an assignment.

5.7 INCONTESTABILITY

Except for nonpayment of premiums, We cannot contest this Policy after it has been In Force during the lifetime of the Insured for two years from the Policy Date.

If this Policy is reinstated, it will be contestable during the lifetime of the Insured for two years from the effective date of reinstatement. Any contest will be based only on the statements made in the application for reinstatement and attached to this Policy.

5.8 MISSTATEMENT OF AGE OR SEX

If the issue Age or sex of the Insured is not correctly shown in Section 1, We shall adjust the death benefit. The amount shall be based upon what the premiums paid would have purchased according to the Insured's correct issue Age, sex and premium class.

5.9 TERMINATION

The Policy shall Terminate:

- a. when We receive Written Request to Terminate it; or
- b. when the Insured dies; or
- c. when any indebtedness exceeds the surrender value; or
- d. if the Policy lapses and there is no net surrender value.

5.10 CONFORMITY

This Policy is subject to the laws of the state in which the application was signed. If part of it does not follow that law, it shall be treated as if it does.

5.11 RESERVES AND MAINTENANCE OF SOLVENCY

The reserves held on Your Policy are computed according to the standards prescribed by law. If, for any reason at any time, We do not have sufficient assets to cover the reserves, the amount of such deficiency shall be equitably apportioned to all outstanding policies. The amount thus apportioned to Your Policy shall either:

- a. be paid in cash by You; or
- b. be an indebtedness against Your Policy at a rate of interest of 6% per annum; or
- c. be used to reduce this Policy's benefit proportionately to the value of the requested contributions.

SECTION 6

DEATH BENEFIT

6.1 DEATH BENEFIT PROCEEDS DEFINED

Your Policy has the following value which is determined on the date of the Insured's death. These proceeds consist of:

- a. the benefit amount as shown in Section 1; plus
- b. any paid-up additions; plus
- c. the value of any refunds left on deposit; plus
- d. any premium paid beyond the Policy Month in which the Insured's death occurred; minus
- e. any premium due; minus
- f. any indebtedness.

6.2 SUICIDE

If the Insured dies by suicide within two years of the Policy Date, the only amount payable to the Beneficiary shall be the sum of the premiums paid.

6.3 PAYMENT OF PROCEEDS

The death benefit proceeds shall be paid to the Beneficiary within 30 days after We receive due proof of the Insured's death. The proceeds shall be paid in a single sum unless a Settlement Option has been selected. All payments by Us are payable at Our Home Office.

Interest shall accrue on death benefit proceeds from the date of the Insured's death to the date of payment. The rate of such interest shall be the current rate as applied under Settlement Option 4 in Section 3, but never less than the rate required by law.

SECTION 7

PREMIUMS

7.1 PAYMENT

The first premium is due and must be paid as of the Policy Date. All premiums after the first premium are payable on or before the date they are due and must be mailed to Our Home Office or paid to an authorized representative. If You want a receipt for premium payment, We shall give You one upon request.

The premiums for Your Policy are payable for the period shown in Section 1 or until the prior death of the Insured.

7.2 FREQUENCY

You may pay Your premiums once a year, twice a year, four times a year, or twelve times a year. These premiums are shown in Your Policy as the annual, semiannual, quarterly or monthly premiums.

Premium due dates are determined by the frequency You select:

- a. Annual premiums are due on the first day of each Policy Year;
- b. Semiannual premiums are due on the first day of each Policy Year and every 6 months thereafter;
- c. Quarterly premiums are due on the first day of each Policy Year and every 3 months thereafter;
- d. Monthly premiums are due on the same day in each calendar month as the day in the Policy Date.

You may change the frequency of Your premium payment with Our approval.

7.3 GRACE PERIOD

You are allowed a grace period of 31 days for the payment of all premiums after the first premium. This means that if a premium is not paid on or before the date it is due, You may pay that premium during the 31-day period immediately following the due date. During this grace period Your Policy continues In Force. If the Insured should die during the grace period, the amount of any due and unpaid premium shall be deducted from the proceeds.

7.4 NONPAYMENT OF PREMIUMS

If any premium due is unpaid at the end of the grace period, Your Policy shall lapse. If Your Policy has a net surrender value and the Automatic Premium Loan provision in Section 10 is in effect, We shall apply it. Otherwise, We shall exercise the Options At Lapse provision in Section 9. If there is no net surrender value, this Policy shall Terminate.

7.5 REINSTATEMENT

The Policy and any attached Riders may be reinstated within five years after termination if it had not been previously surrendered for cash. We shall require:

- a. Your Written Request to reinstate the Policy;
- b. evidence of insurability satisfactory to Us;
- c. payment of all past due premiums on Your Policy;
- d. payment of interest at the rate shown in Section 1 on all past due premiums; and
- e. payment or reinstatement of indebtedness, including interest thereon.

SECTION 8

CASH VALUE, SURRENDER VALUE

8.1 CASH VALUE

This Policy has a guaranteed value. This is the cash value. Cash values are shown in the Table Of Guaranteed Values in Section 2.

8.2 CALCULATION OF CASH VALUES

Guaranteed cash values are calculated according to the Standard Nonforfeiture method. The mortality table, interest rate, and payment basis on which guaranteed values are based are shown in Section 2. A detailed statement of the method of computation has been filed with the insurance supervisory official of each state in which We are licensed. Guaranteed values are in all cases equal to or greater than those required by law.

Cash values of any paid-up insurance are equal to the net single premiums for such insurance calculated on the basis shown in Section 2 at the then attained Age of the Insured.

8.3 SURRENDER VALUE

This Policy has value which is available during the Insured's lifetime. This is the net surrender value. The surrender value is the cash value, plus the cash value of any paid-up additions, plus the value of any refunds left on deposit. The net surrender value is the surrender value less any indebtedness.

8.4 CASH SURRENDER

You may Terminate this Policy and receive the net surrender value. We shall require Written Request. We may defer the payment of the surrender value for not more than six months. If payment is postponed for more than 31 days, We shall pay You interest at the current rate as applied under Settlement Option 4 in Section 3, but never less than the rate required by law.

SECTION 9

OPTIONS AT LAPSE

9.1 OPTIONS DEFINED

If a premium is unpaid at the end of the grace period and this Policy has a net surrender value, and if the Automatic Premium Loan provision in Section 10 is not effective, this provision shall apply. You may surrender this Policy for cash or elect the following option. We shall require Written Request. Such election must be made within 90 days after the due date of such premium. If You make no election, We shall automatically exercise the following:

REDUCED PAID-UP LIFE INSURANCE. You may continue this Policy as participating reduced paid-up life insurance. This insurance shall be payable at the same time and under the same conditions as this Policy. The net surrender value shall be used as a single premium at the Insured's attained Age to determine the amount of reduced paid-up insurance. The amount of reduced paid-up insurance shall be calculated on the basis stated in the Basis of Guaranteed Values provision in Section 2. The reduced paid-up insurance shall have cash and loan values. It may be surrendered at any time for its cash value less any indebtedness.

SECTION 10

LOANS

10.1 LOAN VALUE

The maximum loan value is the amount that, with interest to the end of the Policy year, shall not exceed the net surrender value.

10.2 CASH LOANS

While this Policy is In Force You may obtain a cash loan at any time Your Policy has a loan value. Upon Written Request, We shall send You a loan agreement for Your signature. This Policy is the sole security for the loan.

We have the right to delay making a cash loan for up to six months after the date the loan is requested, except when the request is made to pay premiums on any other Policy with Us.

A Policy loan and any loan interest thereon constitute an indebtedness against the Policy.

10.3 INTEREST

Interest on loans accrues at the annual rate shown in Section 1. Interest is due and payable at the end of the Policy Year. Any interest not paid when due is added to the loan principal and bears interest at the same rate.

10.4 REPAYMENT

You may repay all or part of a Policy loan at any time while the Insured is alive. Any loan repayment must be at least \$25.00.

10.5 TERMINATION

If this Policy has a loan and if the indebtedness at any time exceeds the surrender value, Your Policy Terminates. We shall mail notice to Your last known address and to any assignee on record at least 31 days before such termination.

10.6 AUTOMATIC PREMIUM LOAN

We shall pay a premium which remains unpaid at the end of a grace period with an automatic premium loan. We shall do this only if You have requested this option; and provided that the options in the Options At Lapse provision in Section 9 is not in effect. Your Policy must have sufficient loan value to pay the loan interest, if any, and to pay the applicable premium.

We shall change the frequency of premium payment in order to pay a premium by automatic premium loan. However, if at any premium due date the maximum loan value is insufficient to pay at least a monthly premium, the Options At Lapse provision in Section 9 shall apply.

By Written Request You may revoke or request the automatic premium loan option at any time.

SECTION 11

SETTLEMENT OPTIONS

11.1 GENERAL

We shall pay the proceeds of the Policy at the Insured's death in a single sum. However, prior to the Insured's death, You may select any other form of settlement that may be mutually agreed upon with Us, unless the previous choice provides otherwise.

If no Settlement Option has been selected at the Insured's death, the Beneficiary may make such a selection.

A person named to receive payments under an option is a Payee under the option. A Payee must be a natural person receiving payments in his or her own right.

11.2 CONDITIONS

A choice of a Settlement Option must be in writing in a form approved by Us. Our consent is needed for a Settlement Option to be used for any Payee under any of these conditions:

- a. The Payee is not a natural person.
- b. The proceeds to be applied to the option are less than \$5,000.
- c. Each payment to the Payee would be less than \$100.

11.3 OPTIONS

You may select one of the options in Section 3. In addition, You may select any other option, or combination of options, which is mutually agreeable to Us.

We may, at the time a Settlement Option is exercised under Options 1 or 2, provide an income in excess of that guaranteed in Section 3. The amount shall never be less than the amount that could be purchased under a comparable single premium immediate annuity which We offer at that time.

In addition to the payment guaranteed under Option 3 or 4, excess interest may be paid or credited from time to time at such rate as Our Board of Directors shall declare.

11.4 SETTLEMENT OPTION AGREEMENT

We shall issue a Settlement Option Agreement that shall show the effective date of settlement. It shall show the rights and benefits of the Payee under the Settlement Option elected. The agreement shall include provisions regarding withdrawal rights and the payment of proceeds remaining at the death of the Payee. So far as permitted by law, no amount payable under these Settlement Options shall be assigned or pledged or subject to the claims of creditors of the Payee.

11.5 PROOF OF AGE AND SURVIVAL

Before making payments under Option 2, We may require satisfactory proof of the Age and sex of the person on whose life payments are based. If payment under an option depends on survival of the Payee, We may require satisfactory evidence that the Payee is living when the payment becomes due.

SECTION 12

REFUNDS

12.1 DIVISIBLE SURPLUS

Our Board of Directors determines annually if this Policy shall share in the divisible surplus accruing from participating policies. This share, if any, is called a refund and is credited to this Policy on the Policy Anniversary.

12.2 REFUND OPTIONS

At Your option, refunds may be:

- a. left on deposit at interest at such rate as Our Board of Directors may from time to time declare, but never less than 2%; or
- b. paid in cash; or
- c. used to pay a premium on this Contract; or
- d. applied as a net single premium on the basis stated in the Basis of Guaranteed Values provision in Section 2 to purchase paid-up insurance additions. Such additions are payable at the same time and under the same conditions as the death benefit amount.

Refund accumulations may be withdrawn or paid-up additions may be surrendered for their cash value at any time upon Written Request. The cash value of any paid-up addition is equal to the net single premium for such insurance at the then attained Age of the Insured. The net single premium is calculated on the basis stated in the Basis of Guaranteed Values provision in Section 2.

Unless elected otherwise, Option d. shall be applied.

SECTION 13
ENDORSEMENTS



Degree of Honor Protective Association

“A Fraternal Benefit Society”

[400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101]
[651.228.7600 or 800.947.5812]
[www.degreeofhonor.org]

WHOLE LIFE INSURANCE
Graded Death Benefit Payable at Death of the Insured
Premiums Payable as Scheduled in Section 1
Participating



Degree of Honor Protective Association

A Fraternal Benefit Society

Application for Membership and HonorLife Insurance Final Expense Plan

NOT JUST AN ORDINARY INSURANCE COMPANY...

Since 1886, Degree of Honor Protective Association has helped families with their financial protection needs through its life insurance and annuity products.

Degree of Honor Protective Association offers over a century of experience and customer service with a strong financial position. Our investment portfolio is conservatively managed with an emphasis on investments in bonds.

As an insured member of our fraternal benefit society, you immediately become eligible for non-contractual fraternal benefits. These benefits help you and your family in meeting your financial needs.

As a fraternal insurance society, Degree of Honor Protective Association upholds standards that strengthen families and communities. We offer organized support that makes it easy for families to experience the benefits of helping others. Call it fraternalism, outreach, volunteering, or simply lending a hand; when we join hands to help others we all benefit. We offer a variety of ways for you to give back to your community.

**400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.org**

CONDITIONAL RECEIPT To remain with Owner only if first premium is received

- A. WHEN INSURANCE IS EFFECTIVE. It is mutually agreed that the insurance applied for will take effect prior to delivery of a policy as of the latest of the date hereof or the date of any required medical examination only if: (1) the application is fully and truthfully completed; (2) all medical tests or examinations required by our published underwriting rules have been completed; (3) the Proposed Insured(s) is(are) eligible as of the Policy Date for the plan and amount of insurance applied for; (4) the Proposed Insured(s) is(are) approved as an insurable risk at standard rates under Association rules after receipt of required information; and (5) the required first full premium is paid by check, money order or cashiers check made payable to Degree of Honor Protective Association. Do not pay in cash. Do not make payable to the agent, agency or leave the payee blank.
- B. WHEN RECEIPT IS VOID. This receipt shall be void and no insurance shall be in force hereunder if: (1) any of the required conditions in A above are not fulfilled; or (2) if any plan or amount applied for is declined or is not approved for issuance within 60 days of the date of the application; or (3) if a check in payment of premium is not honored on first presentation or the amount payable is not otherwise good and collectable; or (4) if death occurs as a result of suicide or attempted suicide.

**NO AGENT OR REPRESENTATIVE OF THE ASSOCIATION IS AUTHORIZED TO WAIVE ANY OF THE FOREGOING CONDITIONS
THIS RECEIPT DOES NOT PROVIDE INSURANCE UNTIL ITS CONDITIONS ARE MET**

Received from _____ the sum of \$ _____ dated _____
as first premium for application relating to _____
subject to the foregoing terms and conditions. Proposed Insured

Degree of Honor Protective Association
400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101-2029
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.org

Authorized Agent

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MIB, Inc. PRE-NOTICE To remain with Proposed Insured or Parent or Guardian

Information regarding your insurability will be treated as confidential. Degree of Honor and its reinsurers may make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734; telephone number 866-692-6901 (TTY 866-346-3642). Degree of Honor, or its reinsurers, may also release information from its file to other insurance companies to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

PLEASE PRINT WITH BLACK INK, medium point

For Proposed Insured and Owner. Identification Verification. The identification must be an unexpired government-issued identification card or document that includes a **photograph** and one or more of the following: driver's license number, taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence.

Mail policy to: ☒ Agent ☐ Insured ☐ Owner if other than Insured

PROPOSED INSURED Please print.

Last Name Doe First Name John Telephone H(000) 000 - 0000
Middle Initial AR W()
Mailing Address - RFD - Box Number 1111950 City Anywhere State and Zip Code AR 00000 Social Security # 123-45-6789
Date of Birth 1/1/1950 Male/Female Male Marital Status Married E-Mail Address AR Place of Birth AR U.S. Citizen Yes/No Yes
Type of ID(s) Driver's License ID#(s) 000000

OWNER (if other than Insured)

Last Name First Name Middle Initial Telephone H() W()
Mailing Address - RFD - Box Number City State and Zip Code
Relationship to Insured Date of Birth Marital Status E-mail Address Social Security #
Type of ID(s) ID#(s)

PAYOR (if other than Owner)

Last Name First Name Middle Initial Telephone H() W()
Mailing Address - RFD - Box Number City State and Zip Code
Relationship to Insured Date of Birth Marital Status E-mail Address Social Security #

BENEFICIARY INFORMATION Must comply with Fraternal Code. Use a separate piece of paper for more space.

Primary Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN
Jane Doe 100 Wife 000 000-0000 1/1/55 123-45-9999

Contingent Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN

If there is no surviving Beneficiary as designated, the proceeds shall be paid to the Owner or the Owner's estate. Should the Owner or the Owner's estate fail to claim the funds within three years of the Insured's death, the funds shall be paid to the Degree of Honor Foundation.

REPLACEMENT INFORMATION Does Proposed Insured have existing life insurance or annuities? ☐ Yes ☒ No

Is the policy applied for intended to replace, change or borrow on any existing life insurance or annuity in this or any other company? ☐ Yes ☐ No

If "yes", complete section below, and attach any required Replacement Forms and Transfer Forms.

Name, address, telephone # of existing company _____

PLAN AND ANNUAL PREMIUM INFORMATION

Plan of Insurance Whole Life - Grade 0 Face Amount 10,000 Planned Annual Premium 860.30 Payment with Application 860.30

Frequency of Premium Payment/Payment Method

☒ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly (by EFT only). Complete EFT section.
Include one month initial premium with application.

Automatic Premium Loan ☐ Yes ☒ No

Dividend Option ☐ Paid in Cash ☒ Paid-up Additions ☐ Accumulate at Interest

BASIC HEALTH QUESTIONS Declaration of Insurability

A. Please check "Yes" or "No" beside each question. If any answer to questions 1 through 3 is "Yes", a policy will not be issued.

1. Are you currently waiting for a medical diagnosis or the results of medical tests which have not been received or been advised to have surgery requiring general anesthesia which has not been completed? ☐ Yes ☒ No
2. Are you currently hospitalized, confined to a nursing home, receiving hospice care, institutionalized, waiting for an organ transplant or, within the last twelve (12) months, received kidney dialysis?..... ☐ Yes ☒ No
3. Have you been diagnosed as having a terminal medical condition that is expected to result in death within the next twelve (12) months?..... ☐ Yes ☒ No

B. Please check "Yes" or "No" beside each question. If any answer to questions 4 through 7 is "Yes", apply for Graded Death Benefit Plan. A "Yes" answer will make applicant ineligible for the Single Premium Plan.

4. Have you ever been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has the Proposed Insured tested positive for Human Immunodeficiency Virus (HIV)?..... ☐ Yes ☒ No
5. Have you ever had an organ transplant or been told you will need a transplant (other than kidney)?..... ☐ Yes ☒ No
6. Are you receiving or been advised to receive personal assistance with activities of daily living such as bathing, dressing, eating, taking medications, toileting, moving about or are you confined to a wheelchair?..... ☐ Yes ☒ No
7. In the past two years have you had, been diagnosed with, treated for or prescribed medication for:
 - a. Alzheimer's Disease, dementia, Amyotrophic Lateral Sclerosis (ALS) or Huntington's Disease?..... ☒ Yes ☐ No
 - b. Amputation due to disease, kidney failure, kidney dialysis, liver failure or cirrhosis?..... ☐ Yes ☒ No
 - c. A combination of a pacemaker or defibrillator and; congestive heart failure (CHF), cardiomyopathy, coronary artery disease (CAD), or heart valve disease?..... ☐ Yes ☒ No
 - d. More than one stroke or TIA, or more than one heart attack?..... ☐ Yes ☒ No
 - e. More than one heart surgery, including angioplasty?..... ☐ Yes ☒ No
 - f. Chronic obstructive pulmonary disease or emphysema and smoke?..... ☐ Yes ☒ No
 - g. Cardiomyopathy, congestive heart failure or heart valve surgery?..... ☐ Yes ☒ No
 - h. A combination of Diabetes and; stroke or TIA, heart or heart valve surgery, peripheral vascular disease, carotid artery disease or any procedure to improve circulation (including angioplasty or stent in any part of the body)?..... ☐ Yes ☒ No
 - i. Complications of diabetes (such as eye or kidney disorder, neuropathy or coma) or were you diagnosed with diabetes prior to age 20?..... ☐ Yes ☒ No
 - j. Hepatitis C, chronic hepatitis or pancreatitis?..... ☐ Yes ☒ No
 - k. Sarcoidosis requiring treatment or systemic lupus?..... ☐ Yes ☒ No
 - l. Any psychiatric illness requiring hospitalization?..... ☐ Yes ☒ No
 - m. Any internal cancer (other than thyroid or testicular), melanoma or leukemia?..... ☐ Yes ☒ No
 - n. Treatment or been advised to have treatment for alcohol or drug abuse?..... ☐ Yes ☒ No
 - o. Used oxygen equipment to assist in breathing (except when hospitalized)?..... ☐ Yes ☒ No

C. Please check "Yes" or "No" beside each question. If any answer to questions 8 through 9 is "Yes", apply for Table 8 Whole Life Plan. If all answers to questions 1 through 9 are "No", apply for Table 4 Whole Life Plan.

8. In the past two years have you had, been diagnosed with, treated for or prescribed medication for:
 - a. Kidney transplant?..... ☐ Yes ☐ No
 - b. Multiple sclerosis or Parkinson's disease?..... ☐ Yes ☐ No
 - c. Stroke, TIA, aneurysm, heart attack, peripheral vascular disease, carotid artery disease, coronary artery disease, heart disease, chest pain due to angina, or any procedure to improve circulation to any part of the body?..... ☐ Yes ☐ No
9. In the past 12 months have you had or taken medication for thyroid or testicular cancer?..... ☐ Yes ☐ No

Proposed Insured's Height 6'2 Weight 220

Has the Proposed Insured smoked cigarettes in the last 12 months? ☐ Yes ☒ No

Please list all medications the proposed insured is taking (use an additional sheet of paper if needed):

Drug Name	Dosage	Condition
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ACKNOWLEDGEMENT

I understand and agree that:

1. I have read and received the MIB, Inc. Pre-Notice.
2. I have read the previous statements and answers and to the best of my knowledge they are true and complete.
3. This application shall become part of the insurance contract together with our Articles of Incorporation and Bylaws, as amended from time to time.
4. No change in this application shall be made without my written consent.
5. No agent of Degree of Honor Protective Association is authorized to make or alter any contract or waive any Degree Honor Protective Association rights or requirements.
6. No insurance shall take effect (unless otherwise provided in a completed Conditional Receipt) until:
 - a) the Policy is delivered and you accept it;
 - b) the first full premium is paid by check, money order or cashiers check made payable only to Degree of Honor Protective Association during the lifetime of the Proposed Insured; and
 - c) the insurability of the Proposed Insured remains as described in this application and all representations are true and correct.

Signed at Anywhere, AR this 1 day of October, 2010
City, State Month and Year

John Doe Signature of Proposed Insured Signature of Owner if different than Proposed Insured

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

LODGE/SERVICE CLUB MEMBERSHIP APPLICATION *Must be signed.*

Is the Proposed Insured now a member of the Association?

☒ Yes If "yes", Lodge/Service Club # 530 State AR.

☐ No. If "no", complete Membership Application:

I hereby apply for membership in the Association and its local Lodge/Service Club # _____ in the State of _____.

I understand that unless I select a specific Lodge/Service Club, the Association shall select the Lodge/Service Club to which I will be assigned membership.

I agree, if accepted, to abide by the Articles of Incorporation and Bylaws of the Association and Bylaws of said Lodge/Service Club, all as the same now exist or are hereafter amended.

I hereby affirm my belief in:

- Christian beliefs and values and demonstration of high moral character.
- The support and protection of family members and their dependents through fraternal insurance products.
- Promotion of the family unit and the seeking of ways to strengthen it.
- Assistance to members, their dependents, and others in times of adversity.
- The desire to help others in need through community service and the principle of volunteerism.
- Maintenance of a representative form of government by providing members with the opportunity to become involved in structured events, club meetings, and programs.
- Respect for and allegiance to the United States of America and its flag by promoting patriotism.
- Adherence to the Golden Rule: "Do unto others as you would have them do unto you. "

Signature of Proposed Member _____ Date _____

ELECTRONIC FUNDS TRANSFER I(We) hereby authorize Degree of Honor Protective Association to initiate automatic premium payments to be charged to my(our) account shown below and the Financial Institution named below to charge these premiums to such account. **Name of Financial Institution** _____

EFT WITHDRAWAL ACCOUNT ☐ Checking Account* ☐ Savings Account**

EFT WITHDRAWAL DATE BUSINESS DAY OF THE MONTH ☐ 1st Day ☐ 8th Day ☐ 16th Day ☐ 23rd Day

* If choosing EFT from **Checking Account**, attach a voided check for account and transit numbers.

** If choosing EFT from **Savings Account**, attach a voided withdrawal or deposit slip with the preprinted account and transit numbers.

NOTICE TO POLICYHOLDERS: This authority is to remain in full force and effect until the Financial Institution has received written notification from you of its termination in such time and in such manner as to afford the Financial Institution a reasonable opportunity to act on it. The Policyholder has the right to stop payment of a premium by notification to the Financial Institution prior to charging the account. After the account has been charged, a customer has the right to have the amount of an erroneous payment immediately credited to his(her) account by the Financial Institution up to 15 days following notification.

Name(s) (Please print) _____

Signature _____ 2nd Signature if Joint Account _____

CONFIDENTIAL AGENT REPORT

Did you personally see the Proposed Insured and ask each question? ☒ Yes ☐ No

The Personal Health Interview was completed by the Home Office. ☒ Yes ☐ No

If No, What is the best time to reach this proposed insured:

Home Phone (____) _____ ☐ Mornings ☐ Afternoons ☐ Anytime

Business Phone (____) _____ ☐ Mornings ☐ Afternoons ☐ Anytime

Cell Phone (____) _____ ☐ Mornings ☐ Afternoons ☐ Anytime

To the best of my knowledge and belief:

- ◆ I have asked all questions and recorded all answers as they were given to me by the Proposed Insured or parent or guardian.
- ◆ I know nothing about the Proposed Insured's health, habits, avocations, or lifestyle affecting insurability which has not been stated in this application.
- ◆ The insurance applied for on this application ☐ is ☒ is not intended to replace or change any life insurance or annuity with this or any other organization except as indicated. Replacement Information section must be completed.
- ◆ MIB, Inc. Pre-Notice and disclosure or outline(s) of coverage, if required, were left with the Proposed Insured.
- ◆ I have explained the anti-money laundering/terrorist financing information collecting requirements to the Owner and Proposed Insured.
- ◆ I have ☒ seen ☐ not seen the Owner's photo id and verified such identity.
- ◆ I have ☒ seen ☐ not seen the Proposed Insured's photo id and verified such identity.

Name of Agent (Please Print) Any Agent

Signature of Agent Any Agent Date 10/1/10

Agent # 00000 % 100

Agent telephone 000-000-0000 Agent E-mail Address anyagent@yahoo.com

Name of Agent (Please Print) _____

Signature of Agent _____ Date _____

Agent # _____ % _____

Agent telephone _____ Agent E-mail Address _____

Application for Membership and HonorLife Insurance Final Expense Plan



***Degree of Honor
Protective Association***

A Fraternal Benefit Society

**400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.org**

<i>SERFF Tracking Number:</i>	<i>GBAC-126830730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	<i>47041</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>DOH Graded Death Benefit WL</i>		
<i>Project Name/Number:</i>	<i>DOH Graded Death Benefit WL/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR Limitations and Exclus.pdf		
AR Co.-Agent NOTICE .pdf		
AR Flesch.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
The new application is being filed under the 'Form Schedule' tab.		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization Letter		
Comments:		
Attachment:		
Authorization Letter - F.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Stmt Variability-AR.pdf		

	Item Status:	Status Date:
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SERFF Tracking Number: GBAC-126830730 *State:* Arkansas
Filing Company: Degree of Honor Protective Association *State Tracking Number:* 47041
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Satisfied - Item: Certification of Compliance-Rule
and Regulation 19

Comments:

The attached Certification was inadvertently omitted from the original filing.

Attachment:

AR Cert Comp 19.pdf

**LIMITATIONS AND EXCLUSIONS
UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division 1023 West Capitol Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas
72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 -- no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values -- again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

INSURANCE COMPANY:
Degree of Honor Protective Association
Member Services
400 Robert Street North, Ste. 1600
St. Paul, MN 55101-2029
1-800-947-5812 or (651) 228-7600

YOUR AGENT:

Name:_____

Address:_____

City, State & Zip Code:_____

Phone:_____

You can also contact the ARKANSAS INSURANCE DEPARTMENT, a state agency which enforces Arkansas's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494 or (501)371-2640

STATE OF ARKANSAS

DEPARTMENT OF INSURANCE

1200 West Third Street
Little Rock, AR 72201

CERTIFICATION

Readability Requirement

DEGREE OF HONOR PROTECTIVE ASSOCIATION hereby certifies that this filing complies with Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and achieves a Flesch reading ease test score as follows:

<u>Form #</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables/ Characters</u>	<u>Flesch Score</u>
GDBWLF-10 (AR)	208	2,863	4,550	58.4
APP HLIFEF-10(AR)	85	2,637	18,114	45.3



Signature

Joel A. Huser

Name (Signed by Officer of Company)

Chief Financial Officer

Title



Degree of Honor Protective Association

400 Robert Street N., Suite 1600
Saint Paul, Minnesota 55101-2029
1-800-947-5812 • (651) 228-7600 • FAX: (651) 224-7446
degreeofhonor.com

October 7, 2010

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION – NAIC #57088

GDBWLF-10 Whole Life Insurance – Graded Death Benefit
APP HLIFEF-10 Application for Membership and HonorLife Insurance

To Whom it May Concern:

I HEREBY CERTIFY that Griffith, Ballard and Company has supervised the development of the forms included in this submission, and that they are authorized to submit these forms on behalf of DEGREE OF HONOR PROTECTIVE ASSOCIATION.

Any questions regarding this submission should be directed to Bradley H. Simanek of Griffith, Ballard and Company, as the individual responsible for this filing.

Joel E. Huser, Chief Executive Officer

Degree of Honor Protective Association
400 Robert Street N, Suite 1600
St. Paul, MN 55101-2029

Statement on Variability

Company Name: **Degree of Honor Protective Association – NAIC #57088**

GDBWLF-10(AR) Whole Life Insurance with Graded Death Benefit

COVER PAGE

Association's Address

Association's Telephone Number

*Website Address. Degree of Honor can be contacted under two website addresses: ".org" and ".com". As a not-for-profit organization, it is appropriate that Degree of Honor use ".org"; however, as an enhancement to customer service, customers can also use ".com".

Officer's Signatures/Titles

SECTION 1 – POLICY SPECIFICATIONS

Insured

Age: Age of Insured at issue

Sex

Total Single Premium at Issue

Owner

Policy Number

Policy Date: Date policy issued

Refund Option: Left on deposit; paid in cash; used to pay a premium; purchase paid-up additions

Amount: Face amount

Annual Premium

Death Benefit First Two Policy Years

SECTION 2 – TABLE AND BASIS OF VALUES

Policy: Policy number

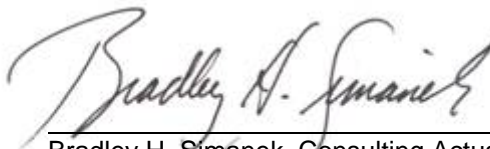
NOTE: The Table and Bases of Values in Section 2 is not indicated as variable since a new filing would be required if this was to change. However, this will vary from policy to policy based on the insured's characteristics and face amount.

BACK COVER

Association's Address

Website Address (See * above)

Association's Telephone Number



Bradley H. Simanek, Consulting Actuary
Griffith, Ballard and Company
100 First Avenue N.E., Suite 117
Cedar Rapids, IA 52401

STATE OF ARKANSAS

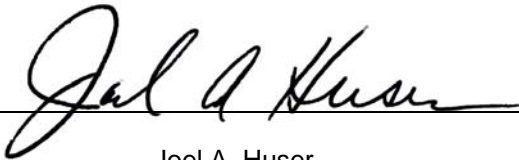
1200 West Third Street
Little Rock, AR 72201

Certification of Compliance Rule and Regulation 19

Carrier: **DEGREE OF HONOR PROTECTIVE ASSOCIATION**

Form Number and Title: **GDBWLF-10(AR) Whole Life Insurance with Graded Death Benefit
APP HLIFEF-10(AR) Application for Membership and HonorLife Insurance**

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 19.

Signature of Officer: 

Name (typed or printed): Joel A. Huser

Title or business affiliation: Chief Financial Officer

Date: October 7, 2010

Signature of Actuary : 

Name (typed or printed): Bradley H. Simanek

Title or business affiliation: Consulting Actuary, Griffith, Ballard and Company

Date: October 7, 2010

SERFF Tracking Number: GBAC-126830730 State: Arkansas

Filing Company: Degree of Honor Protective Association State Tracking Number: 47041

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: DOH Graded Death Benefit WL

Project Name/Number: DOH Graded Death Benefit WL/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/26/2010	Form	Whole Life Insurance-Graded Death Benefit	10/28/2010	GDBWLF-10_AR_.pdf (Superceded)
10/11/2010	Form	Whole Life Insurance-Graded Death Benefit	10/26/2010	GDBWLF-10_AR_.pdf (Superceded)
10/11/2010	Form	Application for Membership and HonorLife Insurance	10/14/2010	John Doe AR.pdf (Superceded)
10/11/2010	Supporting Document	Statement of Variability	10/28/2010	Stmt Variability - F.pdf (Superceded)



Degree of Honor Protective Association

“A Fraternal Benefit Society”

[400 Robert Street North, Suite 1600

Saint Paul, Minnesota 55101]

[651.228.7600 or 800.947.5812]

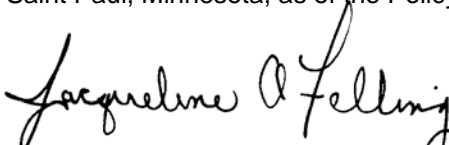
[www.degreeofhonor.org]

DEGREE OF HONOR PROTECTIVE ASSOCIATION shall pay the death benefit proceeds of this Policy to the Beneficiary, subject to the provisions herein, upon receipt of proof of the Insured's death prior to the termination of this Policy. The death benefit proceeds are defined in Section 6. We also shall provide the other rights and benefits of this Policy.

The provisions on the following pages are also a part of this Policy.

THIS IS A LEGAL CONTRACT BETWEEN YOU, THE OWNER, AND DEGREE OF HONOR PROTECTIVE ASSOCIATION. READ YOUR POLICY CAREFULLY. If there is a question, or if there is a claim, contact Your agent or Our Home Office.

Executed by Degree of Honor Protective Association at Saint Paul, Minnesota, as of the Policy Date.

[

CHIEF EXECUTIVE OFFICER



SECRETARY]

RIGHT TO CANCEL. You may cancel this Policy by delivering or mailing a Written Request to Your agent or Our Home Office at Degree of Honor Protective Association, [400 Robert Street North, Suite 1600, Saint Paul, Minnesota 55101], and returning the Policy to Us or Your agent before midnight of the 30th day after the date You received the Policy. Notice given by mail and return of the Policy by mail are effective upon being postmarked, properly addressed and postage prepaid. We shall return all premiums paid, including any fees or charges, for this Policy within ten days after We receive notice of cancellation and the returned Policy. If this occurs the Policy will be considered void from the beginning.

This policy contains a graded death benefit. See Section 1, Policy Specifications. In order to receive the full benefits of this policy you must live two years beyond the Policy Date.

WHOLE LIFE INSURANCE

Graded Death Benefit Payable at Death of the Insured

Premiums Payable as Scheduled in Section 1

Participating

GDBWLF-10(AR)

TABLE OF CONTENTS

Your Policy contains the following sections:

SECTION 1	POLICY SPECIFICATIONS
SECTION 2	TABLE AND BASES OF VALUES
SECTION 3	SETTLEMENT OPTION INCOME TABLES
SECTION 4	DEFINITIONS
SECTION 5	GENERAL PROVISIONS
5.1	The Contract
5.2	Owner
5.3	Change of Owner
5.4	Beneficiary
5.5	Change of Beneficiary
5.6	Assignment
5.7	Incontestability
5.8	Misstatement of Age or Sex
5.9	Termination
5.10	Conformity
5.11	Reserves and Maintenance of Solvency
SECTION 6	DEATH BENEFIT
6.1	Death Benefit Proceeds Defined
6.2	Suicide
6.3	Payment of Proceeds
SECTION 7	PREMIUMS
7.1	Payment
7.2	Frequency
7.3	Grace Period
7.4	Nonpayment of Premiums
7.5	Reinstatement
SECTION 8	CASH VALUE, SURRENDER VALUE
8.1	Cash Value
8.2	Calculation of Cash Values
8.3	Surrender Value
8.4	Cash Surrender
SECTION 9	OPTIONS AT LAPSE
9.1	Options Defined
SECTION 10	LOANS
10.1	Loan Value
10.2	Cash Loans
10.3	Interest
10.4	Repayment
10.5	Termination
10.6	Automatic Premium Loan
SECTION 11	SETTLEMENT OPTIONS
11.1	General
11.2	Conditions
11.3	Options
11.4	Settlement Option Agreement
11.5	Proof of Age and Survival
SECTION 12	REFUNDS
12.1	Divisible Surplus
12.2	Refund Options
SECTION 13	ENDORSEMENTS

SECTION 1
POLICY SPECIFICATIONS

INSURED: [JOHN DOE]

AGE: [60]	SEX: [MALE]	TOTAL PREMIUM AT ISSUE:
		ANNUAL: [\$860.30]
		SEMIANNUAL: [\$430.15]
OWNER: [JOHN DOE]		QUARTERLY: [\$215.08]
		MONTHLY: [\$71.69]

POLICY NUMBER: [123456]

POLICY DATE: [01-01-2011]

REFUND OPTION: [PURCHASE PAID-UP ADDITIONS]

EFFECTIVE ANNUAL INTEREST RATE FOR LOANS: 8%

EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENTS: 6%

BENEFICIARY: AS STATED IN THE ATTACHED APPLICATION FOR THIS POLICY UNTIL CHANGED AS STATED IN THE LATEST OF ANY ATTACHED DESIGNATION OF BENEFICIARY FORMS. THE BENEFICIARY MAY BE CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	AMOUNT	ANNUAL PREMIUM	PREMIUM PAYABLE
WHOLE LIFE, GRADED DEATH BENEFIT	[\$10,000] Ultimate Benefit Amount	[\$860.30]	FOR LIFE

This is a graded death benefit policy. If death occurs during the first two policy years, the death benefit in either year is defined to be 400% of the annual premium shown above. Thereafter, the death benefit is the Ultimate Benefit Amount.

SECTION 2

TABLE AND BASIS OF VALUES

TABLE OF GUARANTEED VALUES

POLICY [123456]

THE GUARANTEED VALUES FOR THIS POLICY ARE SHOWN IN THE TABLE BELOW. VALUES ARE FOR A POLICY WITHOUT ANY INDEBTEDNESS OR ADDITIONS FROM REFUNDS. VALUES ASSUME PREMIUMS ARE PAID TO THE END OF THE POLICY YEAR INDICATED.

VALUES AT ANY OTHER POLICY ANNIVERSARY WILL BE FURNISHED UPON REQUEST.

VALUES AT ANY TIME DURING A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE PART OF THE YEAR WHICH HAS ELAPSED. VALUES WITHIN 30 DAYS AFTER A POLICY ANNIVERSARY SHALL NOT BE LESS THAN THE VALUE ON SUCH POLICY ANNIVERSARY.

END OF POLICY YEAR	CASH VALUE	PAID UP INSURANCE
1	\$0.00	\$0
2	214.10	500
3	459.60	1,040
4	706.80	1,550
5	955.70	2,020
6	1,206.90	2,480
7	1,461.30	2,910
8	1,719.50	3,330
9	1,981.80	3,720
10	2,248.10	4,100
11	2,517.60	4,470
12	2,787.80	4,810
13	3,057.10	5,140
14	3,326.20	5,450
15	3,595.20	5,740
16	3,864.00	6,020
17	4,131.50	6,280
18	4,396.00	6,530
19	4,655.20	6,760
20	4,908.10	6,980
Age		
65	955.70	2,020
85	6,059.30	7,870
121	10,000.00	10,000

BASIS OF GUARANTEED VALUES

ALL COMPUTATIONS INVOLVING GUARANTEED VALUES ARE BASED ON THE COMMISSIONERS 2001 STANDARD ORDINARY ULTIMATE MORTALITY TABLE, SEX DISTINCT AND AGE LAST BIRTHDAY. THE INTEREST RATE IS 5% PER YEAR. DEATH BENEFITS ARE ASSUMED TO BE PAID AT THE END OF THE POLICY YEAR. PREMIUMS ARE ASSUMED TO BE PAID ANNUALLY AT THE BEGINNING OF THE YEAR.

SECTION 3

SETTLEMENT OPTION INCOME TABLES

OPTION 1. INSTALLMENTS FOR A FIXED PERIOD. We shall pay a monthly, quarterly, semiannual or annual income for a fixed number of installments. The amount of each installment is based on a rate of interest of 2% per annum. If the Payee dies before all installments have been paid, the remaining installments shall be paid to the Beneficiary of this Settlement Option. The amount of annual or monthly income per \$1,000 of proceeds is:

<u>Years Payable</u>	----- INSTALLMENTS -----	
	<u>Annual</u>	<u>Monthly</u>
5	\$208.00	\$17.49
6	175.03	14.72
7	151.48	12.74
8	133.83	11.25
9	120.11	10.10
10	109.14	9.18
15	76.30	6.42
20	59.96	5.04

Amounts for other durations or frequencies shall be furnished upon request.

OPTION 2. LIFE ANNUITY WITH PERIOD CERTAIN. We shall pay a monthly income to one specified Payee for a specified period of 10 or 20 years. We shall continue the monthly payments after the expiration of the specified period as long as that Payee is alive. If that Payee dies before the expiration of the specified period, monthly payments for the remainder of the specified period shall be paid to the Beneficiary of this Settlement Option. The amount of monthly income per \$1,000 of proceeds is:

<u>Age</u>	----- LIFE ANNUITY WITH PERIOD CERTAIN -----			
	<u>10 Years</u>		<u>20 Years</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
45	\$3.19	\$3.00	\$3.15	\$2.98
50	3.49	3.26	3.40	3.21
55	3.86	3.58	3.70	3.49
60	4.34	4.00	4.04	3.83
65	4.95	4.54	4.38	4.20
70	5.70	5.25	4.68	4.56

Amounts are based on the Annuity 2000 Mortality Table and an interest rate of 2% per annum. Amounts for other Ages shall be furnished upon request.

OPTION 3. INSTALLMENTS FOR A FIXED AMOUNT. We shall make equal payments every one, three, six or twelve months as chosen. The payments shall continue until the proceeds applied together with interest at the rate of at least 2% a year on the unpaid balance are fully paid. The final payment shall be any balance equal to or less than one payment. If the Payee dies before all installments have been paid, the remaining balance, including accrued interest, shall be paid to the Beneficiary of this Settlement Option.

OPTION 4. PROCEEDS AT INTEREST. We shall pay interest monthly, quarterly, semi-annually or annually on the proceeds retained at the rate of at least 2% per annum. At the death of the Payee We shall pay the principal and any accrued interest to the Beneficiary designated in the Settlement Option.

SECTION 4

DEFINITIONS

When We use the following words this is what We mean:

AGE means the Age of the Insured on his or her last birthday.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

The **CONTRACT** is this Policy, together with the application and with riders and endorsements, if any.

An **ENDORSEMENT** is an attachment to the Policy that modifies the Policy.

IN FORCE means the Insured's life remains insured under the terms of this Policy. This Policy is in effect.

The **INSURED** is the person named as the Insured in Section 1. The Insured shall be a member of Degree of Honor and shall have all rights of membership.

The **OWNER** is as shown in Section 1, unless later changed as provided in this Policy. The Owner may be someone other than the Insured. Unless the Insured and the Owner are the same person, the Owner shall have no rights of membership.

The **PAYEE** is any person who has the right to receive the proceeds according to the provisions of Section 11.

The **POLICY** is this basic document plus any amendments or endorsements, not including the application or any riders.

The **POLICY DATE** is the date this Policy goes into effect. It is shown in Section 1.

POLICY YEARS, ANNIVERSARIES and **MONTHS** are measured from the Policy Date shown in Section 1. Policy Anniversary means the same month and day as the Policy Date for each year the Policy remains In Force. The first Policy Year begins on the Policy Date and ends at 11:59 p.m. on the day prior to the first Policy Anniversary. Subsequent Policy Years begin on a Policy Anniversary and end at 11:59 p.m. on the day prior to the next Policy Anniversary.

A **RIDER** is an attachment to the Policy. It provides additional benefits.

The **SETTLEMENT OPTION AGREEMENT** is an agreement that states the terms and conditions under which Settlement Option payments shall be made in accordance with the Settlement Option selected.

TERMINATE means the Insured's life is no longer Insured under any of the terms of this Policy. This Policy is no longer in effect.

WE, OUR or **US** means Degree of Honor Protective Association, a fraternal benefit society.

WRITTEN REQUEST means information received at Our Home Office. Such information must be written, signed by You, and acceptable to Us. We may require that Your Policy be sent with Your Written Request.

YOU or **YOUR** means the Owner of this Policy.

SECTION 5
GENERAL PROVISIONS

5.1 THE CONTRACT

This Contract is issued in consideration of:

- a. Your application;
- b. the payment of premiums;
- c. the Policy provisions; and
- d. the Rider and Endorsement provisions, if any.

The entire Contract consists of:

1. this Policy;
2. any additional benefits provided by Rider;
3. any Endorsements;
4. the attached application;
5. any required medical examination or declaration of insurability; and
6. Our Articles of Incorporation and Bylaws, as amended from time to time.

No change in Our Articles of Incorporation and Bylaws made after the Policy Date shall reduce or change the benefits promised in this Policy. You may continue this Policy In Force even if membership in the Degree of Honor Protective Association is Terminated.

All statements made in the application are representations and not warranties. We cannot Use any statement to invalidate the Policy nor to defend against a claim unless that statement is contained in the written application.

No agent or person other than an officer of the company has the authority to change or modify this Policy or waive any of its provisions.

5.2 OWNER

The Owner is the person named in Section 1. While the Insured is alive, the rights and privileges contained in this Policy may be exercised only by You, the Owner. This includes the right to change the Ownership. You can exercise those rights by making Written Request to Us.

5.3 CHANGE OF OWNER

You may transfer Ownership at any time during the Insured's lifetime. To make a transfer, We must receive a Written Request at Our Home Office. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change shall be effective on the date the transfer was signed or on the date it was received at the Home Office if no date appears on the transfer. A transfer of Ownership shall be subject to any payment made or action taken by Us before the transfer is received. We have the right to require that You send Us this Policy so We can record the change.

5.4 BENEFICIARY

The Beneficiary:

- a. shall receive the proceeds when the Insured dies;
- b. is named in the application for this Policy; and
- c. may be changed by the Owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

1. The interest of any Beneficiary who dies before the Insured shall pass to any other beneficiaries according to their interests.
2. If no named Beneficiary survives the Insured, the proceeds shall be paid to the Owner, if living, otherwise to the Owner's estate.
3. All proceeds not otherwise payable above within three years of the Insured's death shall be paid to the Degree of Honor Foundation.

5.5 CHANGE OF BENEFICIARY

The Owner may change the Beneficiary designation:

- a. while the Insured is alive; and
- b. if the prior designation does not prohibit such a change. Consent of an irrevocable Beneficiary must be received before a change can be made.

A change shall revoke any prior designation. You must send Us a Written Request. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change is effective as of the date You signed it; or, if no date appears on the designation, on the date We received it. We have the right to require that You send Us this Policy so We can record the change.

5.6 ASSIGNMENT

An assignment of this Policy shall not be binding on Us unless:

- a. it is in writing; and
- b. it is received by Us at Our Home Office; and
- c. it is approved and recorded by Us.

We shall not be responsible for the validity or effect of any assignment. We shall not be liable for any payments made or actions taken before receipt of Written Request of an assignment.

5.7 INCONTESTABILITY

Except for nonpayment of premiums, We cannot contest this Policy after it has been In Force during the lifetime of the Insured for two years from the Policy Date.

If this Policy is reinstated, it will be contestable during the lifetime of the Insured for two years from the effective date of reinstatement. Any contest will be based only on the statements made in the application for reinstatement and attached to this Policy.

5.8 MISSTATEMENT OF AGE OR SEX

If the issue Age or sex of the Insured is not correctly shown in Section 1, We shall adjust the death benefit. The amount shall be based upon what the premiums paid would have purchased according to the Insured's correct issue Age, sex and premium class.

5.9 TERMINATION

The Policy shall Terminate:

- a. when We receive Written Request to Terminate it; or
- b. when the Insured dies; or
- c. when any indebtedness exceeds the surrender value; or
- d. if the Policy lapses and there is no net surrender value.

5.10 CONFORMITY

This Policy is subject to the laws of the state in which the application was signed. If part of it does not follow that law, it shall be treated as if it does.

5.11 RESERVES AND MAINTENANCE OF SOLVENCY

The reserves held on Your Policy are computed according to the standards prescribed by law. If, for any reason at any time, We do not have sufficient assets to cover the reserves, the amount of such deficiency shall be equitably apportioned to all outstanding policies. The amount thus apportioned to Your Policy shall either:

- a. be paid in cash by You; or
- b. be an indebtedness against Your Policy at a rate of interest of 6% per annum; or
- c. be used to reduce this Policy's benefit proportionately to the value of the requested contributions.

SECTION 6

DEATH BENEFIT

6.1 DEATH BENEFIT PROCEEDS DEFINED

Your Policy has the following value which is determined on the date of the Insured's death. These proceeds consist of:

- a. the benefit amount as shown in Section 1; plus
- b. any paid-up additions; plus
- c. the value of any refunds left on deposit; plus
- d. any premium paid beyond the Policy Month in which the Insured's death occurred; minus
- e. any premium due; minus
- f. any indebtedness.

6.2 SUICIDE

If the Insured dies by suicide within two years of the Policy Date, the only amount payable to the Beneficiary shall be the sum of the premiums paid.

6.3 PAYMENT OF PROCEEDS

The death benefit proceeds shall be paid to the Beneficiary within 30 days after We receive due proof of the Insured's death. The proceeds shall be paid in a single sum unless a Settlement Option has been selected. All payments by Us are payable at Our Home Office.

Interest shall accrue on death benefit proceeds from the date of the Insured's death to the date of payment. The rate of such interest shall be the current rate as applied under Settlement Option 4 in Section 3, but never less than the rate required by law.

SECTION 7

PREMIUMS

7.1 PAYMENT

The first premium is due and must be paid as of the Policy Date. All premiums after the first premium are payable on or before the date they are due and must be mailed to Our Home Office or paid to an authorized representative. If You want a receipt for premium payment, We shall give You one upon request.

The premiums for Your Policy are payable for the period shown in Section 1 or until the prior death of the Insured.

7.2 FREQUENCY

You may pay Your premiums once a year, twice a year, four times a year, or twelve times a year. These premiums are shown in Your Policy as the annual, semiannual, quarterly or monthly premiums.

Premium due dates are determined by the frequency You select:

- a. Annual premiums are due on the first day of each Policy Year;
- b. Semiannual premiums are due on the first day of each Policy Year and every 6 months thereafter;
- c. Quarterly premiums are due on the first day of each Policy Year and every 3 months thereafter;
- d. Monthly premiums are due on the same day in each calendar month as the day in the Policy Date.

You may change the frequency of Your premium payment with Our approval.

7.3 GRACE PERIOD

You are allowed a grace period of 31 days for the payment of all premiums after the first premium. This means that if a premium is not paid on or before the date it is due, You may pay that premium during the 31-day period immediately following the due date. During this grace period Your Policy continues In Force. If the Insured should die during the grace period, the amount of any due and unpaid premium shall be deducted from the proceeds.

7.4 NONPAYMENT OF PREMIUMS

If any premium due is unpaid at the end of the grace period, Your Policy shall lapse. If Your Policy has a net surrender value and the Automatic Premium Loan provision in Section 10 is in effect, We shall apply it. Otherwise, We shall exercise the Options At Lapse provision in Section 9. If there is no net surrender value, this Policy shall Terminate.

7.5 REINSTATEMENT

The Policy and any attached Riders may be reinstated within five years after termination if it had not been previously surrendered for cash. We shall require:

- a. Your Written Request to reinstate the Policy;
- b. evidence of insurability satisfactory to Us;
- c. payment of all past due premiums on Your Policy;
- d. payment of interest at the rate shown in Section 1 on all past due premiums; and
- e. payment or reinstatement of indebtedness, including interest thereon.

SECTION 8

CASH VALUE, SURRENDER VALUE

8.1 CASH VALUE

This Policy has a guaranteed value. This is the cash value. Cash values are shown in the Table Of Guaranteed Values in Section 2.

8.2 CALCULATION OF CASH VALUES

Guaranteed cash values are calculated according to the Standard Nonforfeiture method. The mortality table, interest rate, and payment basis on which guaranteed values are based are shown in Section 2. A detailed statement of the method of computation has been filed with the insurance supervisory official of each state in which We are licensed. Guaranteed values are in all cases equal to or greater than those required by law.

Cash values of any paid-up insurance are equal to the net single premiums for such insurance calculated on the basis shown in Section 2 at the then attained Age of the Insured.

8.3 SURRENDER VALUE

This Policy has value which is available during the Insured's lifetime. This is the net surrender value. The surrender value is the cash value, plus the cash value of any paid-up additions, plus the value of any refunds left on deposit. The net surrender value is the surrender value less any indebtedness.

8.4 CASH SURRENDER

You may Terminate this Policy and receive the net surrender value. We shall require Written Request. We may defer the payment of the surrender value for not more than six months. If payment is postponed for more than 31 days, We shall pay You interest at the current rate as applied under Settlement Option 4 in Section 3, but never less than the rate required by law.

SECTION 9

OPTIONS AT LAPSE

9.1 OPTIONS DEFINED

If a premium is unpaid at the end of the grace period and this Policy has a net surrender value, and if the Automatic Premium Loan provision in Section 10 is not effective, this provision shall apply. You may surrender this Policy for cash or elect the following option. We shall require Written Request. Such election must be made within 90 days after the due date of such premium. If You make no election, We shall automatically exercise the following:

REDUCED PAID-UP LIFE INSURANCE. You may continue this Policy as participating reduced paid-up life insurance. This insurance shall be payable at the same time and under the same conditions as this Policy. The net surrender value shall be used as a single premium at the Insured's attained Age to determine the amount of reduced paid-up insurance. The amount of reduced paid-up insurance shall be calculated on the basis stated in the Basis of Guaranteed Values provision in Section 2. The reduced paid-up insurance shall have cash and loan values. It may be surrendered at any time for its cash value less any indebtedness.

SECTION 10

LOANS

10.1 LOAN VALUE

The maximum loan value is the amount that, with interest to the end of the Policy year, shall not exceed the net surrender value.

10.2 CASH LOANS

While this Policy is In Force You may obtain a cash loan at any time Your Policy has a loan value. Upon Written Request, We shall send You a loan agreement for Your signature. This Policy is the sole security for the loan.

We have the right to delay making a cash loan for up to six months after the date the loan is requested, except when the request is made to pay premiums on any other Policy with Us.

A Policy loan and any loan interest thereon constitute an indebtedness against the Policy.

10.3 INTEREST

Interest on loans accrues at the annual rate shown in Section 1. Interest is due and payable at the end of the Policy Year. Any interest not paid when due is added to the loan principal and bears interest at the same rate.

10.4 REPAYMENT

You may repay all or part of a Policy loan at any time while the Insured is alive. Any loan repayment must be at least \$25.00.

10.5 TERMINATION

If this Policy has a loan and if the indebtedness at any time exceeds the surrender value, Your Policy Terminates. We shall mail notice to Your last known address and to any assignee on record at least 31 days before such termination.

10.6 AUTOMATIC PREMIUM LOAN

We shall pay a premium which remains unpaid at the end of a grace period with an automatic premium loan. We shall do this only if You have requested this option; and provided that the options in the Options At Lapse provision in Section 9 is not in effect. Your Policy must have sufficient loan value to pay the loan interest, if any, and to pay the applicable premium.

We shall change the frequency of premium payment in order to pay a premium by automatic premium loan. However, if at any premium due date the maximum loan value is insufficient to pay at least a monthly premium, the Options At Lapse provision in Section 9 shall apply.

By Written Request You may revoke or request the automatic premium loan option at any time.

SECTION 11

SETTLEMENT OPTIONS

11.1 GENERAL

We shall pay the proceeds of the Policy at the Insured's death in a single sum. However, prior to the Insured's death, You may select any other form of settlement that may be mutually agreed upon with Us, unless the previous choice provides otherwise.

If no Settlement Option has been selected at the Insured's death, the Beneficiary may make such a selection.

A person named to receive payments under an option is a Payee under the option. A Payee must be a natural person receiving payments in his or her own right.

11.2 CONDITIONS

A choice of a Settlement Option must be in writing in a form approved by Us. Our consent is needed for a Settlement Option to be used for any Payee under any of these conditions:

- a. The Payee is not a natural person.
- b. The proceeds to be applied to the option are less than \$5,000.
- c. Each payment to the Payee would be less than \$100.

11.3 OPTIONS

You may select one of the options in Section 3. In addition, You may select any other option, or combination of options, which is mutually agreeable to Us.

We may, at the time a Settlement Option is exercised under Options 1 or 2, provide an income in excess of that guaranteed in Section 3. The amount shall never be less than the amount that could be purchased under a comparable single premium immediate annuity which We offer at that time.

In addition to the payment guaranteed under Option 3 or 4, excess interest may be paid or credited from time to time at such rate as Our Board of Directors shall declare.

11.4 SETTLEMENT OPTION AGREEMENT

We shall issue a Settlement Option Agreement that shall show the effective date of settlement. It shall show the rights and benefits of the Payee under the Settlement Option elected. The agreement shall include provisions regarding withdrawal rights and the payment of proceeds remaining at the death of the Payee. So far as permitted by law, no amount payable under these Settlement Options shall be assigned or pledged or subject to the claims of creditors of the Payee.

11.5 PROOF OF AGE AND SURVIVAL

Before making payments under Option 2, We may require satisfactory proof of the Age and sex of the person on whose life payments are based. If payment under an option depends on survival of the Payee, We may require satisfactory evidence that the Payee is living when the payment becomes due.

SECTION 12

REFUNDS

12.1 DIVISIBLE SURPLUS

Our Board of Directors determines annually if this Policy shall share in the divisible surplus accruing from participating policies. This share, if any, is called a refund and is credited to this Policy on the Policy Anniversary.

12.2 REFUND OPTIONS

At Your option, refunds may be:

- a. left on deposit at interest at such rate as Our Board of Directors may from time to time declare, but never less than 2%; or
- b. paid in cash; or
- c. used to pay a premium on this Contract; or
- d. applied as a net single premium on the basis stated in the Basis of Guaranteed Values provision in Section 2 to purchase paid-up insurance additions. Such additions are payable at the same time and under the same conditions as the death benefit amount.

Refund accumulations may be withdrawn or paid-up additions may be surrendered for their cash value at any time upon Written Request. The cash value of any paid-up addition is equal to the net single premium for such insurance at the then attained Age of the Insured. The net single premium is calculated on the basis stated in the Basis of Guaranteed Values provision in Section 2.

Unless elected otherwise, Option d. shall be applied.

SECTION 13
ENDORSEMENTS



Degree of Honor Protective Association

“A Fraternal Benefit Society”

[400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101]
[651.228.7600 or 800.947.5812]
[www.degreeofhonor.org]

WHOLE LIFE INSURANCE
Graded Death Benefit Payable at Death of the Insured
Premiums Payable as Scheduled in Section 1
Participating



Degree of Honor Protective Association

“A Fraternal Benefit Society”

[400 Robert Street North, Suite 1600

Saint Paul, Minnesota 55101]

[651.228.7600 or 800.947.5812]

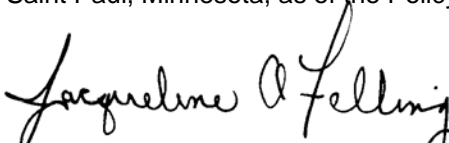
[www.degreeofhonor.org]

DEGREE OF HONOR PROTECTIVE ASSOCIATION shall pay the death benefit proceeds of this Policy to the Beneficiary, subject to the provisions herein, upon receipt of proof of the Insured's death prior to the termination of this Policy. The death benefit proceeds are defined in Section 6. We also shall provide the other rights and benefits of this Policy.

The provisions on the following pages are also a part of this Policy.

THIS IS A LEGAL CONTRACT BETWEEN YOU, THE OWNER, AND DEGREE OF HONOR PROTECTIVE ASSOCIATION. READ YOUR POLICY CAREFULLY. If there is a question, or if there is a claim, contact Your agent or Our Home Office.

Executed by Degree of Honor Protective Association at Saint Paul, Minnesota, as of the Policy Date.

[

CHIEF EXECUTIVE OFFICER



SECRETARY]

RIGHT TO CANCEL. You may cancel this Policy by delivering or mailing a Written Request to Your agent or Our Home Office at Degree of Honor Protective Association, [400 Robert Street North, Suite 1600, Saint Paul, Minnesota 55101], and returning the Policy to Us or Your agent before midnight of the 30th day after the date You received the Policy. Notice given by mail and return of the Policy by mail are effective upon being postmarked, properly addressed and postage prepaid. We shall return all premiums paid, including any fees or charges, for this Policy within ten days after We receive notice of cancellation and the returned Policy. If this occurs the Policy will be considered void from the beginning.

This policy contains a graded death benefit. See Section 1, Policy Specifications. In order to receive the full benefits of this policy you must live two years beyond the Policy Date.

WHOLE LIFE INSURANCE

Graded Death Benefit Payable at Death of the Insured

Premiums Payable as Scheduled in Section 1

Participating

GDBWLF-10(AR)

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SECTION 1
POLICY SPECIFICATIONS

INSURED: [JOHN DOE]

AGE: [60]	SEX: [MALE]	TOTAL PREMIUM AT ISSUE:
		ANNUAL: [\$860.30]
		SEMIANNUAL: [\$430.15]
OWNER: [JOHN DOE]		QUARTERLY: [\$215.08]
		MONTHLY: [\$71.69]

POLICY NUMBER: [123456]

POLICY DATE: [01-01-2011]

REFUND OPTION: [PURCHASE PAID-UP ADDITIONS]

EFFECTIVE ANNUAL INTEREST RATE FOR LOANS: 8%

EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENTS: 6%

BENEFICIARY: AS STATED IN THE ATTACHED APPLICATION FOR THIS POLICY UNTIL CHANGED AS STATED IN THE LATEST OF ANY ATTACHED DESIGNATION OF BENEFICIARY FORMS. THE BENEFICIARY MAY BE CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	AMOUNT	ANNUAL PREMIUM	PREMIUM PAYABLE
WHOLE LIFE, GRADED DEATH BENEFIT	[\$10,000] Ultimate Benefit Amount	[\$860.30]	FOR LIFE

This is a graded death benefit policy. If death occurs during the first two policy years, the death benefit is 110% of all premiums paid for insurance coverage to the date of death. Thereafter, the death benefit is the Ultimate Benefit Amount.

If death occurs during the first two policy years and resulted directly and independently of all other causes from accidental bodily injury, the death benefit is the Ultimate Benefit Amount.

SECTION 2

TABLE AND BASIS OF VALUES

TABLE OF GUARANTEED VALUES

POLICY [123456]

THE GUARANTEED VALUES FOR THIS POLICY ARE SHOWN IN THE TABLE BELOW. VALUES ARE FOR A POLICY WITHOUT ANY INDEBTEDNESS OR ADDITIONS FROM REFUNDS. VALUES ASSUME PREMIUMS ARE PAID TO THE END OF THE POLICY YEAR INDICATED.

VALUES AT ANY OTHER POLICY ANNIVERSARY WILL BE FURNISHED UPON REQUEST.

VALUES AT ANY TIME DURING A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE PART OF THE YEAR WHICH HAS ELAPSED. VALUES WITHIN 30 DAYS AFTER A POLICY ANNIVERSARY SHALL NOT BE LESS THAN THE VALUE ON SUCH POLICY ANNIVERSARY.

END OF POLICY YEAR	CASH VALUE	PAID UP INSURANCE
1	\$0.00	\$0
2	214.10	500
3	459.60	1,040
4	706.80	1,550
5	955.70	2,020
6	1,206.90	2,480
7	1,461.30	2,910
8	1,719.50	3,330
9	1,981.80	3,720
10	2,248.10	4,100
11	2,517.60	4,470
12	2,787.80	4,810
13	3,057.10	5,140
14	3,326.20	5,450
15	3,595.20	5,740
16	3,864.00	6,020
17	4,131.50	6,280
18	4,396.00	6,530
19	4,655.20	6,760
20	4,908.10	6,980
Age		
65	955.70	2,020
85	6,059.30	7,870
121	10,000.00	10,000

BASIS OF GUARANTEED VALUES

ALL COMPUTATIONS INVOLVING GUARANTEED VALUES ARE BASED ON THE COMMISSIONERS 2001 STANDARD ORDINARY ULTIMATE MORTALITY TABLE, SEX DISTINCT AND AGE LAST BIRTHDAY. THE INTEREST RATE IS 5% PER YEAR. DEATH BENEFITS ARE ASSUMED TO BE PAID AT THE END OF THE POLICY YEAR. PREMIUMS ARE ASSUMED TO BE PAID ANNUALLY AT THE BEGINNING OF THE YEAR.

SECTION 3

SETTLEMENT OPTION INCOME TABLES

OPTION 1. INSTALLMENTS FOR A FIXED PERIOD. We shall pay a monthly, quarterly, semiannual or annual income for a fixed number of installments. The amount of each installment is based on a rate of interest of 2% per annum. If the Payee dies before all installments have been paid, the remaining installments shall be paid to the Beneficiary of this Settlement Option. The amount of annual or monthly income per \$1,000 of proceeds is:

<u>Years Payable</u>	----- INSTALLMENTS -----	
	<u>Annual</u>	<u>Monthly</u>
5	\$208.00	\$17.49
6	175.03	14.72
7	151.48	12.74
8	133.83	11.25
9	120.11	10.10
10	109.14	9.18
15	76.30	6.42
20	59.96	5.04

Amounts for other durations or frequencies shall be furnished upon request.

OPTION 2. LIFE ANNUITY WITH PERIOD CERTAIN. We shall pay a monthly income to one specified Payee for a specified period of 10 or 20 years. We shall continue the monthly payments after the expiration of the specified period as long as that Payee is alive. If that Payee dies before the expiration of the specified period, monthly payments for the remainder of the specified period shall be paid to the Beneficiary of this Settlement Option. The amount of monthly income per \$1,000 of proceeds is:

<u>Age</u>	----- LIFE ANNUITY WITH PERIOD CERTAIN -----			
	10 Years		20 Years	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
45	\$3.19	\$3.00	\$3.15	\$2.98
50	3.49	3.26	3.40	3.21
55	3.86	3.58	3.70	3.49
60	4.34	4.00	4.04	3.83
65	4.95	4.54	4.38	4.20
70	5.70	5.25	4.68	4.56

Amounts are based on the Annuity 2000 Mortality Table and an interest rate of 2% per annum. Amounts for other Ages shall be furnished upon request.

OPTION 3. INSTALLMENTS FOR A FIXED AMOUNT. We shall make equal payments every one, three, six or twelve months as chosen. The payments shall continue until the proceeds applied together with interest at the rate of at least 2% a year on the unpaid balance are fully paid. The final payment shall be any balance equal to or less than one payment. If the Payee dies before all installments have been paid, the remaining balance, including accrued interest, shall be paid to the Beneficiary of this Settlement Option.

OPTION 4. PROCEEDS AT INTEREST. We shall pay interest monthly, quarterly, semi-annually or annually on the proceeds retained at the rate of at least 2% per annum. At the death of the Payee We shall pay the principal and any accrued interest to the Beneficiary designated in the Settlement Option.

SECTION 4

DEFINITIONS

When We use the following words this is what We mean:

AGE means the Age of the Insured on his or her last birthday.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

The **CONTRACT** is this Policy, together with the application and with riders and endorsements, if any.

An **ENDORSEMENT** is an attachment to the Policy that modifies the Policy.

IN FORCE means the Insured's life remains insured under the terms of this Policy. This Policy is in effect.

The **INSURED** is the person named as the Insured in Section 1. The Insured shall be a member of Degree of Honor and shall have all rights of membership.

The **OWNER** is as shown in Section 1, unless later changed as provided in this Policy. The Owner may be someone other than the Insured. Unless the Insured and the Owner are the same person, the Owner shall have no rights of membership.

The **PAYEE** is any person who has the right to receive the proceeds according to the provisions of Section 11.

The **POLICY** is this basic document plus any amendments or endorsements, not including the application or any riders.

The **POLICY DATE** is the date this Policy goes into effect. It is shown in Section 1.

POLICY YEARS, ANNIVERSARIES and MONTHS are measured from the Policy Date shown in Section 1. Policy Anniversary means the same month and day as the Policy Date for each year the Policy remains In Force. The first Policy Year begins on the Policy Date and ends at 11:59 p.m. on the day prior to the first Policy Anniversary. Subsequent Policy Years begin on a Policy Anniversary and end at 11:59 p.m. on the day prior to the next Policy Anniversary.

A **RIDER** is an attachment to the Policy. It provides additional benefits.

The **SETTLEMENT OPTION AGREEMENT** is an agreement that states the terms and conditions under which Settlement Option payments shall be made in accordance with the Settlement Option selected.

TERMINATE means the Insured's life is no longer Insured under any of the terms of this Policy. This Policy is no longer in effect.

WE, OUR or US means Degree of Honor Protective Association, a fraternal benefit society.

WRITTEN REQUEST means information received at Our Home Office. Such information must be written, signed by You, and acceptable to Us. We may require that Your Policy be sent with Your Written Request.

YOU or YOUR means the Owner of this Policy.

SECTION 5

GENERAL PROVISIONS

5.1 THE CONTRACT

This Contract is issued in consideration of:

- a. Your application;
- b. the payment of premiums;
- c. the Policy provisions; and
- d. the Rider and Endorsement provisions, if any.

The entire Contract consists of:

1. this Policy;
2. any additional benefits provided by Rider;
3. any Endorsements;
4. the attached application;
5. any required medical examination or declaration of insurability; and
6. Our Articles of Incorporation and Bylaws, as amended from time to time.

No change in Our Articles of Incorporation and Bylaws made after the Policy Date shall reduce or change the benefits promised in this Policy. You may continue this Policy In Force even if membership in the Degree of Honor Protective Association is Terminated.

All statements made in the application are representations and not warranties. We cannot Use any statement to invalidate the Policy nor to defend against a claim unless that statement is contained in the written application.

No agent or person other than an officer of the company has the authority to change or modify this Policy or waive any of its provisions.

5.2 OWNER

The Owner is the person named in Section 1. While the Insured is alive, the rights and privileges contained in this Policy may be exercised only by You, the Owner. This includes the right to change the Ownership. You can exercise those rights by making Written Request to Us.

5.3 CHANGE OF OWNER

You may transfer Ownership at any time during the Insured's lifetime. To make a transfer, We must receive a Written Request at Our Home Office. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change shall be effective on the date the transfer was signed or on the date it was received at the Home Office if no date appears on the transfer. A transfer of Ownership shall be subject to any payment made or action taken by Us before the transfer is received. We have the right to require that You send Us this Policy so We can record the change.

5.4 BENEFICIARY

The Beneficiary:

- a. shall receive the proceeds when the Insured dies;
- b. is named in the application for this Policy; and
- c. may be changed by the Owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

1. The interest of any Beneficiary who dies before the Insured shall pass to any other beneficiaries according to their interests.
2. If no named Beneficiary survives the Insured, the proceeds shall be paid to the Owner, if living, otherwise to the Owner's estate.
3. All proceeds not otherwise payable above within three years of the Insured's death shall be paid to the Degree of Honor Foundation.

5.5 CHANGE OF BENEFICIARY

The Owner may change the Beneficiary designation:

- a. while the Insured is alive; and
- b. if the prior designation does not prohibit such a change. Consent of an irrevocable Beneficiary must be received before a change can be made.

A change shall revoke any prior designation. You must send Us a Written Request. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change is effective as of the date You signed it; or, if no date appears on the designation, on the date We received it. We have the right to require that You send Us this Policy so We can record the change.

5.6 ASSIGNMENT

An assignment of this Policy shall not be binding on Us unless:

- a. it is in writing; and
- b. it is received by Us at Our Home Office; and
- c. it is approved and recorded by Us.

We shall not be responsible for the validity or effect of any assignment. We shall not be liable for any payments made or actions taken before receipt of Written Request of an assignment.

5.7 INCONTESTABILITY

Except for nonpayment of premiums, We cannot contest this Policy after it has been In Force during the lifetime of the Insured for two years from the Policy Date.

If this Policy is reinstated, it will be contestable during the lifetime of the Insured for two years from the effective date of reinstatement. Any contest will be based only on the statements made in the application for reinstatement and attached to this Policy.

5.8 MISSTATEMENT OF AGE OR SEX

If the issue Age or sex of the Insured is not correctly shown in Section 1, We shall adjust the death benefit. The amount shall be based upon what the premiums paid would have purchased according to the Insured's correct issue Age, sex and premium class.

5.9 TERMINATION

The Policy shall Terminate:

- a. when We receive Written Request to Terminate it; or
- b. when the Insured dies; or
- c. when any indebtedness exceeds the surrender value; or
- d. if the Policy lapses and there is no net surrender value.

5.10 CONFORMITY

This Policy is subject to the laws of the state in which the application was signed. If part of it does not follow that law, it shall be treated as if it does.

5.11 RESERVES AND MAINTENANCE OF SOLVENCY

The reserves held on Your Policy are computed according to the standards prescribed by law. If, for any reason at any time, We do not have sufficient assets to cover the reserves, the amount of such deficiency shall be equitably apportioned to all outstanding policies. The amount thus apportioned to Your Policy shall either:

- a. be paid in cash by You; or
- b. be an indebtedness against Your Policy at a rate of interest of 6% per annum; or
- c. be used to reduce this Policy's benefit proportionately to the value of the requested contributions.

SECTION 6

DEATH BENEFIT

6.1 DEATH BENEFIT PROCEEDS DEFINED

Your Policy has the following value which is determined on the date of the Insured's death. These proceeds consist of:

- a. the benefit amount as shown in Section 1; plus
- b. any paid-up additions; plus
- c. the value of any refunds left on deposit; plus
- d. any premium paid beyond the Policy Month in which the Insured's death occurred; minus
- e. any premium due; minus
- f. any indebtedness.

6.2 SUICIDE

If the Insured dies by suicide within two years of the Policy Date, the only amount payable to the Beneficiary shall be the sum of the premiums paid.

6.3 PAYMENT OF PROCEEDS

The death benefit proceeds shall be paid to the Beneficiary within 30 days after We receive due proof of the Insured's death. The proceeds shall be paid in a single sum unless a Settlement Option has been selected. All payments by Us are payable at Our Home Office.

Interest shall accrue on death benefit proceeds from the date of the Insured's death to the date of payment. The rate of such interest shall be the current rate as applied under Settlement Option 4 in Section 3, but never less than the rate required by law.

SECTION 7

PREMIUMS

7.1 PAYMENT

The first premium is due and must be paid as of the Policy Date. All premiums after the first premium are payable on or before the date they are due and must be mailed to Our Home Office or paid to an authorized representative. If You want a receipt for premium payment, We shall give You one upon request.

The premiums for Your Policy are payable for the period shown in Section 1 or until the prior death of the Insured.

7.2 FREQUENCY

You may pay Your premiums once a year, twice a year, four times a year, or twelve times a year. These premiums are shown in Your Policy as the annual, semiannual, quarterly or monthly premiums.

Premium due dates are determined by the frequency You select:

- a. Annual premiums are due on the first day of each Policy Year;
- b. Semiannual premiums are due on the first day of each Policy Year and every 6 months thereafter;
- c. Quarterly premiums are due on the first day of each Policy Year and every 3 months thereafter;
- d. Monthly premiums are due on the same day in each calendar month as the day in the Policy Date.

You may change the frequency of Your premium payment with Our approval.

7.3 GRACE PERIOD

You are allowed a grace period of 31 days for the payment of all premiums after the first premium. This means that if a premium is not paid on or before the date it is due, You may pay that premium during the 31-day period immediately following the due date. During this grace period Your Policy continues In Force. If the Insured should die during the grace period, the amount of any due and unpaid premium shall be deducted from the proceeds.

7.4 NONPAYMENT OF PREMIUMS

If any premium due is unpaid at the end of the grace period, Your Policy shall lapse. If Your Policy has a net surrender value and the Automatic Premium Loan provision in Section 10 is in effect, We shall apply it. Otherwise, We shall exercise the Options At Lapse provision in Section 9. If there is no net surrender value, this Policy shall Terminate.

7.5 REINSTATEMENT

The Policy and any attached Riders may be reinstated within five years after termination if it had not been previously surrendered for cash. We shall require:

- a. Your Written Request to reinstate the Policy;
- b. evidence of insurability satisfactory to Us;
- c. payment of all past due premiums on Your Policy;
- d. payment of interest at the rate shown in Section 1 on all past due premiums; and
- e. payment or reinstatement of indebtedness, including interest thereon.

SECTION 8

CASH VALUE, SURRENDER VALUE

8.1 CASH VALUE

This Policy has a guaranteed value. This is the cash value. Cash values are shown in the Table Of Guaranteed Values in Section 2.

8.2 CALCULATION OF CASH VALUES

Guaranteed cash values are calculated according to the Standard Nonforfeiture method. The mortality table, interest rate, and payment basis on which guaranteed values are based are shown in Section 2. A detailed statement of the method of computation has been filed with the insurance supervisory official of each state in which We are licensed. Guaranteed values are in all cases equal to or greater than those required by law.

Cash values of any paid-up insurance are equal to the net single premiums for such insurance calculated on the basis shown in Section 2 at the then attained Age of the Insured.

8.3 SURRENDER VALUE

This Policy has value which is available during the Insured's lifetime. This is the net surrender value. The surrender value is the cash value, plus the cash value of any paid-up additions, plus the value of any refunds left on deposit. The net surrender value is the surrender value less any indebtedness.

8.4 CASH SURRENDER

You may Terminate this Policy and receive the net surrender value. We shall require Written Request. We may defer the payment of the surrender value for not more than six months. If payment is postponed for more than 31 days, We shall pay You interest at the current rate as applied under Settlement Option 4 in Section 3, but never less than the rate required by law.

SECTION 9

OPTIONS AT LAPSE

9.1 OPTIONS DEFINED

If a premium is unpaid at the end of the grace period and this Policy has a net surrender value, and if the Automatic Premium Loan provision in Section 10 is not effective, this provision shall apply. You may surrender this Policy for cash or elect the following option. We shall require Written Request. Such election must be made within 90 days after the due date of such premium. If You make no election, We shall automatically exercise the following:

REDUCED PAID-UP LIFE INSURANCE. You may continue this Policy as participating reduced paid-up life insurance. This insurance shall be payable at the same time and under the same conditions as this Policy. The net surrender value shall be used as a single premium at the Insured's attained Age to determine the amount of reduced paid-up insurance. The amount of reduced paid-up insurance shall be calculated on the basis stated in the Basis of Guaranteed Values provision in Section 2. The reduced paid-up insurance shall have cash and loan values. It may be surrendered at any time for its cash value less any indebtedness.

SECTION 10

LOANS

10.1 LOAN VALUE

The maximum loan value is the amount that, with interest to the end of the Policy year, shall not exceed the net surrender value.

10.2 CASH LOANS

While this Policy is In Force You may obtain a cash loan at any time Your Policy has a loan value. Upon Written Request, We shall send You a loan agreement for Your signature. This Policy is the sole security for the loan.

We have the right to delay making a cash loan for up to six months after the date the loan is requested, except when the request is made to pay premiums on any other Policy with Us.

A Policy loan and any loan interest thereon constitute an indebtedness against the Policy.

10.3 INTEREST

Interest on loans accrues at the annual rate shown in Section 1. Interest is due and payable at the end of the Policy Year. Any interest not paid when due is added to the loan principal and bears interest at the same rate.

10.4 REPAYMENT

You may repay all or part of a Policy loan at any time while the Insured is alive. Any loan repayment must be at least \$25.00.

10.5 TERMINATION

If this Policy has a loan and if the indebtedness at any time exceeds the surrender value, Your Policy Terminates. We shall mail notice to Your last known address and to any assignee on record at least 31 days before such termination.

10.6 AUTOMATIC PREMIUM LOAN

We shall pay a premium which remains unpaid at the end of a grace period with an automatic premium loan. We shall do this only if You have requested this option; and provided that the options in the Options At Lapse provision in Section 9 is not in effect. Your Policy must have sufficient loan value to pay the loan interest, if any, and to pay the applicable premium.

We shall change the frequency of premium payment in order to pay a premium by automatic premium loan. However, if at any premium due date the maximum loan value is insufficient to pay at least a monthly premium, the Options At Lapse provision in Section 9 shall apply.

By Written Request You may revoke or request the automatic premium loan option at any time.

SECTION 11

SETTLEMENT OPTIONS

11.1 GENERAL

We shall pay the proceeds of the Policy at the Insured's death in a single sum. However, prior to the Insured's death, You may select any other form of settlement that may be mutually agreed upon with Us, unless the previous choice provides otherwise.

If no Settlement Option has been selected at the Insured's death, the Beneficiary may make such a selection.

A person named to receive payments under an option is a Payee under the option. A Payee must be a natural person receiving payments in his or her own right.

11.2 CONDITIONS

A choice of a Settlement Option must be in writing in a form approved by Us. Our consent is needed for a Settlement Option to be used for any Payee under any of these conditions:

- a. The Payee is not a natural person.
- b. The proceeds to be applied to the option are less than \$5,000.
- c. Each payment to the Payee would be less than \$100.

11.3 OPTIONS

You may select one of the options in Section 3. In addition, You may select any other option, or combination of options, which is mutually agreeable to Us.

We may, at the time a Settlement Option is exercised under Options 1 or 2, provide an income in excess of that guaranteed in Section 3. The amount shall never be less than the amount that could be purchased under a comparable single premium immediate annuity which We offer at that time.

In addition to the payment guaranteed under Option 3 or 4, excess interest may be paid or credited from time to time at such rate as Our Board of Directors shall declare.

11.4 SETTLEMENT OPTION AGREEMENT

We shall issue a Settlement Option Agreement that shall show the effective date of settlement. It shall show the rights and benefits of the Payee under the Settlement Option elected. The agreement shall include provisions regarding withdrawal rights and the payment of proceeds remaining at the death of the Payee. So far as permitted by law, no amount payable under these Settlement Options shall be assigned or pledged or subject to the claims of creditors of the Payee.

11.5 PROOF OF AGE AND SURVIVAL

Before making payments under Option 2, We may require satisfactory proof of the Age and sex of the person on whose life payments are based. If payment under an option depends on survival of the Payee, We may require satisfactory evidence that the Payee is living when the payment becomes due.

SECTION 12

REFUNDS

12.1 DIVISIBLE SURPLUS

Our Board of Directors determines annually if this Policy shall share in the divisible surplus accruing from participating policies. This share, if any, is called a refund and is credited to this Policy on the Policy Anniversary.

12.2 REFUND OPTIONS

At Your option, refunds may be:

- a. left on deposit at interest at such rate as Our Board of Directors may from time to time declare, but never less than 2%; or
- b. paid in cash; or
- c. used to pay a premium on this Contract; or
- d. applied as a net single premium on the basis stated in the Basis of Guaranteed Values provision in Section 2 to purchase paid-up insurance additions. Such additions are payable at the same time and under the same conditions as the death benefit amount.

Refund accumulations may be withdrawn or paid-up additions may be surrendered for their cash value at any time upon Written Request. The cash value of any paid-up addition is equal to the net single premium for such insurance at the then attained Age of the Insured. The net single premium is calculated on the basis stated in the Basis of Guaranteed Values provision in Section 2.

Unless elected otherwise, Option d. shall be applied.

SECTION 13
ENDORSEMENTS



Degree of Honor Protective Association

“A Fraternal Benefit Society”

[400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101]
[651.228.7600 or 800.947.5812]
[www.degreeofhonor.org]

WHOLE LIFE INSURANCE
Graded Death Benefit Payable at Death of the Insured
Premiums Payable as Scheduled in Section 1
Participating



Degree of Honor Protective Association

A Fraternal Benefit Society

Application for Membership and HonorLife Insurance Final Expense Plan

NOT JUST AN ORDINARY INSURANCE COMPANY...

Since 1886, Degree of Honor Protective Association has helped families with their financial protection needs through its life insurance and annuity products.

Degree of Honor Protective Association offers over a century of experience and customer service with a strong financial position. Our investment portfolio is conservatively managed with an emphasis on investments in bonds.

As an insured member of our fraternal benefit society, you immediately become eligible for non-contractual fraternal benefits. These benefits help you and your family in meeting your financial needs.

As a fraternal insurance society, Degree of Honor Protective Association upholds standards that strengthen families and communities. We offer organized support that makes it easy for families to experience the benefits of helping others. Call it fraternalism, outreach, volunteering, or simply lending a hand; when we join hands to help others we all benefit. We offer a variety of ways for you to give back to your community.

**400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.org**

PLEASE PRINT WITH BLACK INK, medium point

For Proposed Insured and Owner. Identification Verification. The identification must be an unexpired government-issued identification card or document that includes a **photograph** and one or more of the following: driver's license, taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence.

Mail policy to: ☒ Agent ☐ Insured ☐ Owner if other than Insured

PROPOSED INSURED Please print.

Last Name: Doe First Name: John Middle Initial: X Telephone H(000) 000-0000
 W()
 Mailing Address - RFD - Box Number: 123 Maple City: Anywhere State and Zip Code: AR 00000 Social Security #: 123-45-6789
 Date of Birth: 1/1/1950 Male/Female: Male Marital Status: Married E-Mail Address: AR Place of Birth: AR U.S. Citizen Yes/No: Yes
 Type of ID(s): Drivers License ID#(s): 06000

OWNER (if other than Insured) Must be completed for Proposed Insureds under the age of 18

Telephone H()
 W()
 Last Name: _____ First Name: _____ Middle Initial: _____
 Mailing Address - RFD - Box Number: _____ City: _____ State and Zip Code: _____
 Relationship to Insured: _____ Date of Birth: _____ Marital Status: _____ E-mail Address: _____ Social Security #: _____
 Type of ID(s): _____ ID#(s): _____

PAYOR (if other than Owner)

Telephone H()
 W()
 Last Name: _____ First Name: _____ Middle Initial: _____
 Mailing Address - RFD - Box Number: _____ City: _____ State and Zip Code: _____
 Relationship to Insured: _____ Date of Birth: _____ Marital Status: _____ E-mail Address: _____ Social Security #: _____

BENEFICIARY INFORMATION Must comply with Fraternal Code. Use a separate piece of paper for more space.

Primary Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN
Jane Doe 100 Wife 000-000-0000 1/1/55 123-45-9999

Contingent Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN

If there is no surviving Beneficiary as designated, the proceeds shall be paid to the Owner or the Owner's estate. Should the Owner or the Owner's estate fail to claim the funds within three years of the Insured's death, the funds shall be paid to the Degree of Honor Foundation.

REPLACEMENT INFORMATION Does Proposed Insured have existing life insurance or annuities? ☐ Yes ☒ No

Is the policy applied for intended to replace, change or borrow on any existing life insurance or annuity in this or any other company? ☐ Yes ☐ No

If "yes", complete section below, and attach any required Replacement Forms and Transfer Forms.

Name, address, telephone # of existing company _____

PLAN AND ANNUAL PREMIUM INFORMATION

Plan of Insurance: Whole Life-Graded Face Amount: 10,000 Planned Annual Premium: 860.30 Payment with Application: 860.30

Frequency of Premium Payment/Payment Method

☒ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly (by EFT only). Complete EFT section.
 Include one month initial premium with application.

Automatic Premium Loan ☐ Yes ☒ No

Dividend Option ☐ Paid in Cash ☒ Paid-up Additions ☐ Accumulate at Interest

BASIC HEALTH QUESTIONS Declaration of Insurability

A. Please check "Yes" or "No" beside each question. If any answer to questions 1 through 3 is "Yes", a policy will not be issued.

1. Are you currently waiting for a medical diagnosis or the results of medical tests which have not been received or been advised to have surgery requiring general anesthesia which has not been completed? ☐ Yes ☒ No
2. Are you currently hospitalized, confined to a nursing home, receiving hospice care, institutionalized, waiting for an organ transplant or, within the last twelve (12) months, received kidney dialysis?..... ☐ Yes ☒ No
3. Have you been diagnosed as having a terminal medical condition that is expected to result in death within the next twelve (12) months?..... ☐ Yes ☒ No

B. Please check "Yes" or "No" beside each question. If any answer to questions 4 through 7 is "Yes", apply for Graded Death Benefit Product. A "Yes" answer will make applicant ineligible for the single premium plan.

4. Have you ever been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has the Proposed Insured tested positive for Human Immunodeficiency Virus (HIV)?..... ☐ Yes ☒ No
5. Have you ever had an organ transplant or been told you will need a transplant (other than kidney)?..... ☐ Yes ☒ No
6. Are you receiving or been advised to receive personal assistance with activities of daily living such as bathing, dressing, eating, taking medications, toileting, moving about or are you confined to a wheelchair?..... ☐ Yes ☒ No
7. In the past two years have you had, been diagnosed with, treated for or prescribed medication for:
 - a. Alzheimer's Disease, dementia, Amyotrophic Lateral Sclerosis (ALS) or Huntington's Disease?..... ☒ Yes ☐ No
 - b. Amputation due to disease, kidney failure, kidney dialysis, liver failure or cirrhosis?..... ☐ Yes ☒ No
 - c. A combination of a pacemaker or defibrillator and; congestive heart failure (CHF), cardiomyopathy, coronary artery disease (CAD), or heart valve disease?..... ☐ Yes ☒ No
 - d. More than one stroke or TIA, or more than one heart attack?..... ☐ Yes ☒ No
 - e. More than one heart surgery, including angioplasty?..... ☐ Yes ☒ No
 - f. Chronic obstructive pulmonary disease or emphysema and smoke?..... ☐ Yes ☒ No
 - g. Cardiomyopathy, congestive heart failure or heart valve surgery?..... ☐ Yes ☒ No
 - h. A combination of Diabetes and; stroke or TIA, heart or heart valve surgery, peripheral vascular disease, carotid artery disease or any procedure to improve circulation (including angioplasty or stent in any part of the body)?..... ☐ Yes ☒ No
 - i. Complications of diabetes (such as eye or kidney disorder, neuropathy or coma) or were you diagnosed with diabetes prior to age 20?..... ☐ Yes ☒ No
 - j. Hepatitis C, chronic hepatitis or pancreatitis?..... ☐ Yes ☒ No
 - k. Sarcoidosis requiring treatment or systemic lupus?..... ☐ Yes ☒ No
 - l. Any psychiatric illness requiring hospitalization?..... ☐ Yes ☒ No
 - m. Any internal cancer (other than thyroid or testicular), melanoma or leukemia?..... ☐ Yes ☒ No
 - n. Treatment or been advised to have treatment for alcohol or drug abuse?..... ☐ Yes ☒ No
 - o. Used oxygen equipment to assist in breathing (except when hospitalized)?..... ☐ Yes ☒ No

C. Please check "Yes" or "No" beside each question. If any answer to questions 10 through 11 is "Yes", apply for Table 8 Whole Life Product. If all answers to questions 1 through 11 are "No", apply for Table 4 Whole Life Product.

10. In the past two years have you had, been diagnosed with, treated for or prescribed medication for:
 - a. Kidney transplant?..... ☐ Yes ☐ No
 - b. Multiple sclerosis or Parkinson's disease?..... ☐ Yes ☐ No
 - c. Stroke, TIA, aneurysm, heart attack, peripheral vascular disease, carotid artery disease, coronary artery disease, heart disease, chest pain due to angina, or any procedure to improve circulation to any part of the body?..... ☐ Yes ☐ No
11. In the past 12 months have you had or taken medication for thyroid or testicular cancer?..... ☐ Yes ☐ No

Proposed Insured's Height 6'0 Weight 200

Has the Proposed Insured smoked cigarettes in the last 12 months? ☐ Yes ☐ No

Please list all medications the proposed insured is taking (use an additional sheet of paper if needed):

Drug Name	Dosage	Condition
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ACKNOWLEDGEMENT

I understand and agree that:

1. I have read and received the MIB, Inc. Pre-Notice.
2. I have read the previous statements and answers and to the best of my knowledge they are true and complete.
3. This application shall become part of the insurance contract together with our Articles of Incorporation and Bylaws, as amended from time to time.
4. No change in this application shall be made without my written consent.
5. No agent of Degree of Honor Protective Association is authorized to make or alter any contract or waive any Degree Honor Protective Association rights or requirements.
6. No insurance shall take effect (unless otherwise provided in a completed Conditional Receipt) until:
 - a) the Policy is delivered and you accept it;
 - b) the first full premium is paid by check, money order or cashiers check made payable only to Degree of Honor Protective Association during the lifetime of the Proposed Insured; and
 - c) the insurability of the Proposed Insured remains as described in this application and all representations are true and correct.

Signed at Anywhere, AR this 1 day of October, 2010
City, State Month and Year

John Doe
Signature of Proposed Insured

Signature of Owner or Parent or Guardian for Proposed Insured under the age of 18

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

LODGE/SERVICE CLUB MEMBERSHIP APPLICATION *Must be signed. Not applicable for Proposed Insureds age 17 or less.*

Is the Proposed Insured now a member of the Association?

☒ Yes If "yes", Lodge/Service Club # 530 State AR

☐ No. If "no", complete Membership Application:

I hereby apply for membership in the Association and its local Lodge/Service Club # _____ in the State of _____.

I understand that unless I select a specific Lodge/Service Club, the Association shall select the Lodge/Service Club to which I will be assigned membership.

I agree, if accepted, to abide by the Articles of Incorporation and Bylaws of the Association and Bylaws of said Lodge/Service Club, all as the same now exist or are hereafter amended.

I hereby affirm my belief in:

- Christian beliefs and values and demonstration of high moral character.
- The support and protection of family members and their dependents through fraternal insurance products.
- Promotion of the family unit and the seeking of ways to strengthen it.
- Assistance to members, their dependents, and others in times of adversity.
- The desire to help others in need through community service and the principle of volunteerism.
- Maintenance of a representative form of government by providing members with the opportunity to become involved in structured events, club meetings, and programs.
- Respect for and allegiance to the United States of America and its flag by promoting patriotism.
- Adherence to the Golden Rule: "Do unto others as you would have them do unto you. "

Signature of Proposed Member _____ Date _____

ELECTRONIC FUNDS TRANSFER I(We) hereby authorize Degree of Honor Protective Association to initiate automatic premium payments to be charged to my(our) account shown below and the Financial Institution named below to charge these premiums to such account. **Name of Financial Institution** _____

EFT WITHDRAWAL ACCOUNT ☐ Checking Account* ☐ Savings Account**

EFT WITHDRAWAL DATE BUSINESS DAY OF THE MONTH ☐ 1st Day ☐ 8th Day ☐ 16th Day ☐ 23rd Day

* If choosing EFT from **Checking Account**, attach a voided check for account and transit numbers.

** If choosing EFT from **Savings Account**, attach a voided withdrawal or deposit slip with the preprinted account and transit numbers.

NOTICE TO POLICYHOLDERS: This authority is to remain in full force and effect until the Financial Institution has received written notification from you of its termination in such time and in such manner as to afford the Financial Institution a reasonable opportunity to act on it. The Policyholder has the right to stop payment of a premium by notification to the Financial Institution prior to charging the account. After the account has been charged, a customer has the right to have the amount of an erroneous payment immediately credited to his(her) account by the Financial Institution up to 15 days following notification.

Name(s) (Please print) _____

Signature _____ 2nd Signature if Joint Account _____

CONFIDENTIAL AGENT REPORT

Did you personally see the Proposed Insured and ask each question? ☒ Yes ☐ No

The Personal Health Interview was completed by the Home Office. ☒ Yes ☐ No

If No, What is the best time to reach this proposed insured:

Home Phone (____) _____ ☐ Mornings ☐ Afternoons ☐ Anytime

Business Phone (____) _____ ☐ Mornings ☐ Afternoons ☐ Anytime

Cell Phone (____) _____ ☐ Mornings ☐ Afternoons ☐ Anytime

To the best of my knowledge and belief:

- ♦ I have asked all questions and recorded all answers as they were given to me by the Proposed Insured or parent or guardian.
- ♦ I know nothing about the Proposed Insured's health, habits, avocations, or lifestyle affecting insurability which has not been stated in this application.
- ♦ The insurance applied for on this application ☐ is ☒ is not intended to replace or change any life insurance or annuity with this or any other organization except as indicated. Replacement Information section must be completed.
- ♦ MIB, Inc. Pre-Notice and disclosure or outline(s) of coverage, if required, were left with the Proposed Insured.
- ♦ I have explained the anti-money laundering/terrorist financing information collecting requirements to the Owner and Proposed Insured.
- ♦ I have ☒ seen ☐ not seen the Owner's photo id and verified such identity.
- ♦ I have ☒ seen ☐ not seen the Proposed Insured's photo id and verified such identity.

Name of Agent (Please Print) Any Agent

Signature of Agent Any Agent Date 10/1/2010

Agent # 00000 % 100

Agent telephone 000-000-0000 Agent E-mail Address anyagent@yahoo.com

Name of Agent (Please Print) _____

Signature of Agent _____ Date _____

Agent # _____ % _____

Agent telephone _____ Agent E-mail Address _____

CONDITIONAL RECEIPT To remain with Owner only if first premium is received

- A. WHEN INSURANCE IS EFFECTIVE. It is mutually agreed that the insurance applied for will take effect prior to delivery of a policy as of the latest of the date hereof or the date of any required medical examination only if: (1) the application is fully and truthfully completed; (2) all medical tests or examinations required by our published underwriting rules have been completed; (3) the Proposed Insured(s) is(are) eligible as of the Policy Date for the plan and amount of insurance applied for; (4) the Proposed Insured(s) is(are) approved as an insurable risk at standard rates under Association rules after receipt of required information; and (5) the required first full premium is paid by check, money order or cashiers check made payable to Degree of Honor Protective Association. Do not pay in cash. Do not make payable to the agent, agency or leave the payee blank.
- B. WHEN RECEIPT IS VOID. This receipt shall be void and no insurance shall be in force hereunder if: (1) any of the required conditions in A above are not fulfilled; or (2) if any plan or amount applied for is declined or is not approved for issuance within 60 days of the date of the application; or (3) if a check in payment of premium is not honored on first presentation or the amount payable is not otherwise good and collectable; or (4) if death occurs as a result of suicide or attempted suicide.

**NO AGENT OR REPRESENTATIVE OF THE ASSOCIATION IS AUTHORIZED TO WAVE ANY OF THE FOREGOING CONDITIONS
THIS RECEIPT DOES NOT PROVIDE INSURANCE UNTIL ITS CONDITIONS ARE MET**

Received from _____ the sum of \$ _____ dated _____
as first premium for application relating to _____
subject to the foregoing terms and conditions. Proposed Insured

Degree of Honor Protective Association
400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101-2029
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.org

Authorized Agent

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MIB, Inc. PRE-NOTICE To remain with Proposed Insured or Parent or Guardian

Information regarding your insurability will be treated as confidential. Degree of Honor and its reinsurers may make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734; telephone number 866-692-6901 (TTY 866-346-3642). Degree of Honor, or its reinsurers, may also release information from its file to other insurance companies to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Application for Membership and HonorLife Insurance Final Expense Plan



***Degree of Honor
Protective Association***

A Fraternal Benefit Society

**400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.org**

Statement on Variability

Company Name: **Degree of Honor Protective Association – NAIC #57088**

GDBWLF-10 Whole Life Insurance with Graded Death Benefit

COVER PAGE

Association's Address

Association's Telephone Number

*Website Address. Degree of Honor can be contacted under two website addresses: ".org" and ".com". As a not-for-profit organization, it is appropriate that Degree of Honor use ".org"; however, as an enhancement to customer service, customers can also use ".com".

Officer's Signatures/Titles

SECTION 1 – POLICY SPECIFICATIONS

Insured

Age: Age of Insured at issue

Sex

Total Single Premium at Issue

Owner

Policy Number

Policy Date: Date policy issued

Refund Option: Left on deposit; paid in cash; used to pay a premium; purchase paid-up additions

Amount: Face amount

Annual Premium

Premium Payable

SECTION 2 – TABLE AND BASIS OF VALUES

Policy: Policy number

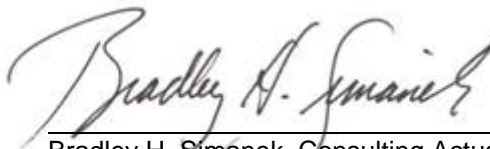
NOTE: The Table and Bases of Values in Section 2 is not indicated as variable since a new filing would be required if this was to change. However, this will vary from policy to policy based on the insured's characteristics and face amount.

BACK COVER

Association's Address

Website Address (See * above)

Association's Telephone Number



Bradley H. Simanek, Consulting Actuary
Griffith, Ballard and Company
100 First Avenue N.E., Suite 117
Cedar Rapids, IA 52401